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JUST SAY

MENTAL PATIENTS ASSOCIATION NEWSLETTER
2146 YEW ST. VAN. BC. 738-5177

VOL. 5 NO. 4
It is a long tail

"It is a long tail," said Alice, "but why do you call it sad?"

Fury said to
a mouse, That
he met
in the
house.

"Let us both
go to law;

I will
prosecute
you—"

Come, I'll

take no

denial;

We must have
atrial:

For
really

this
morning I've
nothing to do."

Said the mouse
to the cur,

"Such a trial
dear sir

with no jury

or judge,

would be wasting
our breath."

"I'll be the judge

I'll be the jury."

Said the cunning

old Fury:

"I'll

try

the whole

cause,

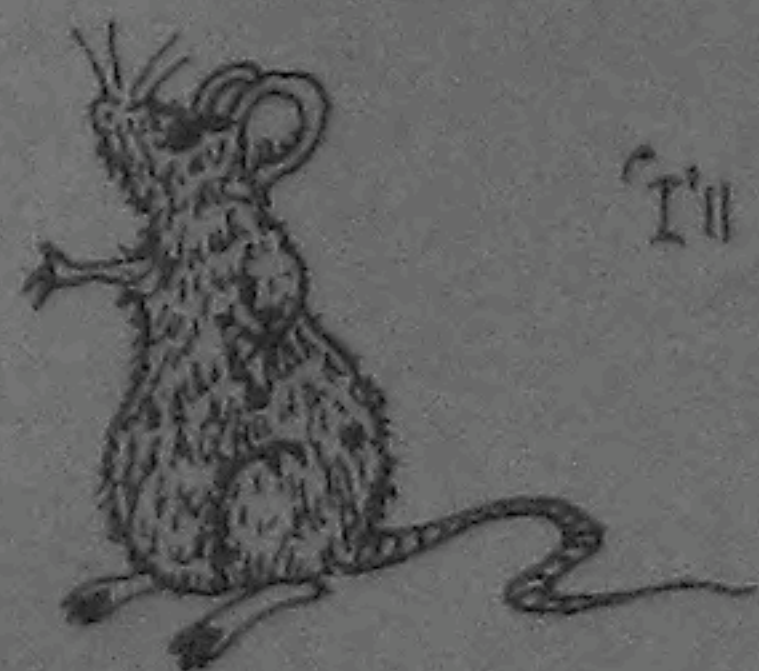
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condem

you

to,"

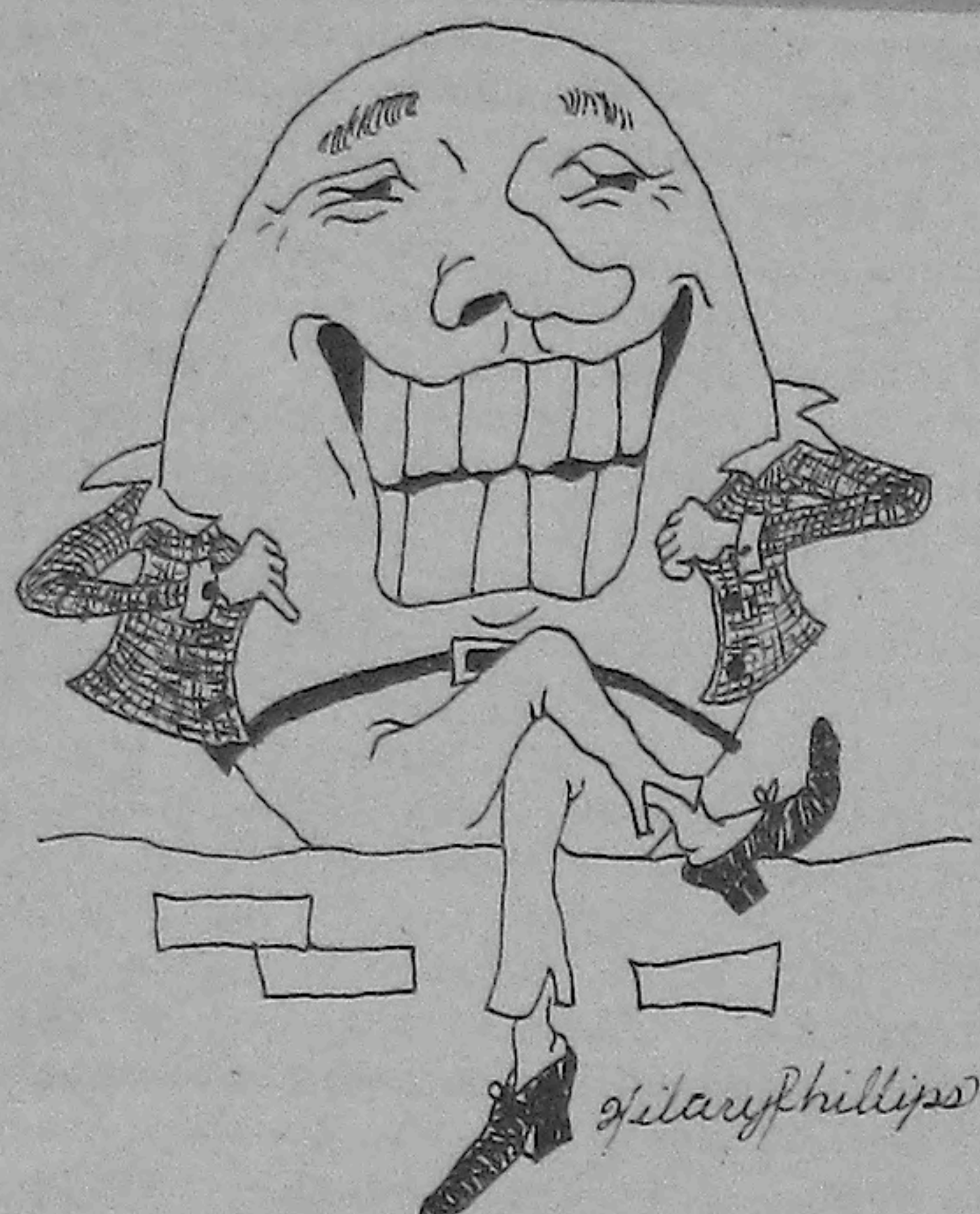
death."



Hilary Phillips

in a nutshell

September 1977



CAST OF CHARACTERS in order of appearance:

JABBERWOCKS

Mental Patients Association

1. Alice - Frances Phillips
2. The Cheshire Cat - Denis Blue
3. The Mad Hatter - Dick Woodsworth
4. The March Hare - Bruce Mills
5. The Gryphon - Pat Oram
6. The Mock Turtle - Dave White
7. Bandersnatch - Cathy Batten
8. The Knave of Hearts - Arthur Giovinazzo

HUMPTY DUMPTY

Participants of the World Federation for Mental Health

1. White Rabbit - Dr. Milton Miller
2. The Duchess - Iona Campagnolo
3. The Red Queen - Virginia Satir
4. The Messengers - Conference organizers
5. The Queen of Hearts - Rosalynn Carter
6. The Caterpillar - Dr. Tsung-yi Lin
7. The Gryphon - Margaret Mead
8. The Sheep - Dr. Paul Lin
9. Tweedledee - Ivan Illach
10. Tweedledum - Dr. Morris Carstairs
11. The Guard - Marianne Cederblad
12. The Old Knight - Dr. Karl Menninger

* signifies direct quotes from Lewis Carroll's Alice in Wonderland and Through a Looking Glass. Any similarity between the characters in Carroll's books and the characters in this article are due to the fact that they are direct steals (only for the purpose of illumination).

* signifies members of the Mental Patients Association.

EVENTS:

1. The Silent Candle Vigil-Scientology protest.
2. The Croquet Game - The Workshop.
3. The Mad Hatters' Tea-Party - The reception for Rosalynn Carter.



With thanks to the people of the East House for putting up with my madness of late and to the Alice in Wonderland conspiracy.

- to Patty Servant for her great sense of timing and her glee
- to Cathy Batten for her imagination and marvellous knowledge
- to Mo Elwood for her sense of humour and for keeping the ball rolling
- to Dick Woodsworth for his poetics and his Cheshire Cat tendencies
- to J.C. for knowing Patty and his perseverance
- to Denis Blue for thinking the same way we do!

Love Alice.

W.F.M.H. in allegory

MALICE THROUGH THE SCHNOOKING GLASS

All the creatures were gathered - some 2000 of them from 44 countries - to consider the question of Humpty Dumpty, (participants of the WFMH). Alice had to call them creatures, you see, because "some of them were animals and some were birds". *

Following the White Rabbit (Dr. Milton Miller) had seemed like a good idea at first, but it soon became confusing. The White Rabbit had already had to pluck Alice from the audience and put her on stage. The whole question of Humpty Dumpty was perplexing. Poor Alice sat there trying to figure it all out. Being so many different sizes in a day is very confusing.

Alice listened politely as the Duchess (Iona Campagnolo) gave the Keynote address. "Oh 'tis... (keeping fit) that makes the world go round" * said the Duchess. Alice knew the government wasn't much interested in mental health. All one had to do was look at Canada's new Human Rights Act and the Gun Laws or the provincial Mental Health acts to know that! Somehow just doing exercises, eating moderately, and giving up all your bad habits didn't seem to address the problem. "How fond she is of finding morals in things!" * groaned Alice. "I wish they'd get the trial done...and hand out the refreshments!" *

Alice was thinking of the reception which was to follow the opening ceremonies. It turned out to be quite an unbirthday party. The crowd was packed in so tightly that if you wanted something to drink you couldn't eat and vice versa. Alice had lots of sandwiches and nothing to drink.

The Cheshire Cat# kept appearing and disappearing, grinning all the while. The Mad Hatter# was there trying to get people to move over one place, (he has a passion for clean teacups), and introducing out-of-towners to some of the locals. The White Rabbit was doing the same thing, of course, only with a different group. There were no candles on the cake but when Alice had taken her leave of the White Rabbit she noticed all the candles outside keeping a silent vigil (Scientology Protest). "Very strange," said Alice.

Next day Alice and the March Hare# were called away from the Red Queen's (Virginia Satir) lecture to attend to some mischief the Cheshire Cat had caused. The Messengers (Conference organizers) graciously allowed 21 extra tickets for the only interested group not represented at the Conference - the mental patient. "Funny," thought Alice, "mental patients are treated like children - to be seen and not heard!" Alice promised to have all the tickets back by Thursday so that no mental patient would disturb the Queen of Heart's (Rosalynn Carter) address. There was a problem with getting American security clearance. "Besides," thought Alice, "they won't miss much - just a lot of polite words!"

Alice and the March Hare rushed off to meet some delegates over lunch, before going to the Croquet Game (the Workshops). The Gryphon#, Bandersnatch#, and the Mock Turtle# were looking after the Jabberwock Booth (Mental Patients Association). It had been tucked away in a back corner but its ideas were trickling out. "There may be some danger," thought Alice. "I've heard tales that some think the Jabberwock is a monster."

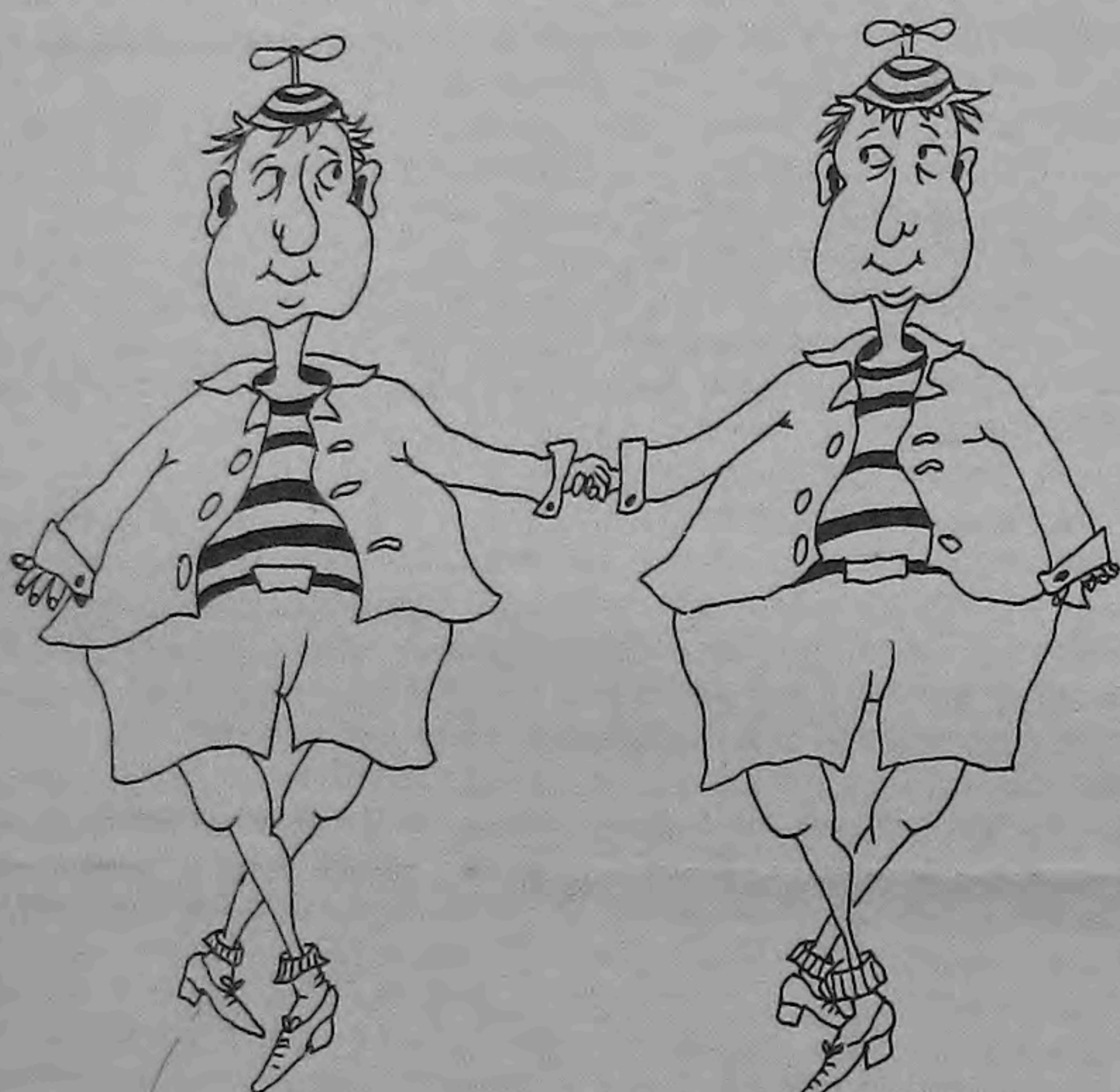
The Croquet Game was to be held on each of three afternoons during which Alice, the March Hare and the Knave of Hearts# were to present the Jabberwock point of view. "Alice thought she had never seen such a curious croquet ground in her life." * The field... "was all ridges and furrows...and the soldiers had to double themselves up and stand on their hands and feet to make the arches... The players all played at once, without waiting for turns". * Giving advice and experience from the sidelines was not allowed. Alice felt she and the Knave had

scored some points but began to doubt that they would really be counted. "I don't think they play at all fairly," * said Alice.

When the game was over, Alice set off to meet with the White Rabbit and the Caterpillar (Dr. Tsung-yi Lin) for refreshment. Since she was the only outsider invited, Alice was surprised when the Cheshire Cat appeared, refreshed himself and chatted amiably with one and all.

Alice mused over the day and decided she agreed with the Red Queen * "Now here, you see, it takes all the running you can do, to keep in the same place."

Over the next 4 days there were a number of highlights for Alice. The Gryphon (now Margaret Mead) was not as she had seen him at the Jabberwock Booth but was reincarnated as a renowned world figure. She talked of "Ambition, Distraction, Uglification and Derision". * Her points were well made but unfortunately not really in the direction Alice would have liked them to go. There was some disappointment in the Sheep's (Dr. Paul Lin) lecture - but only with the lack of time left for the subject. The Sheep cautioned his listeners, "I never put things into people's hands - that would never do - you must get it for yourself!" * "Will we ever try to develop alternatives?" wondered Alice.



Hilary Phillips

There was a general impatience for the Wednesday afternoon debate between Tweedledee (Ivan Illich) and Tweedledum (Dr. Morris Carstairs). The morning session tended to put Alice to sleep but was saved unexpectedly by the Guard (Marianne Cederblad) who was respondent to a previous address. "You're travelling the wrong way," * said the Guard. "It's always comforting to find someone who agrees with your own opinions," sighed Alice. Earlier Alice had been sitting with the Mad Hatter listening to the justification for continuing psychoanalysis in spite of its poor success rate. She giggled as he rendered a poetic comment.

Twinkle Twinkle little shrink
When you fiddle with your dink
How I wonder what you think
What it's like to be a shrink.

In the afternoon the creatures were all assembled for the big debate. Tweedledee was to argue that Humpty Dumpty would fall while Tweedledum stood for the establishment. Tweedledee told the story of the Walrus and the Carpenter who gathered together all the oysters and feasted on them. Tweedledum picked a fight over his rattle. It got a bit confused because the two decided to suspend debating rules so there could be no resolution. The Old Knight (Dr. Karl Menninger) assured everyone that the old guard would stand in spite of everything. Alice thought the Walrus reminded her of the speaker who had introduced Tweedledee. "He's not well-mannered," thought Alice.

That night Alice chaired a General Meeting of the Jabberwock. To the disgust of all there was a member of the Candle Vigil trying for the umpteenth time to coopt the group. The Knave of Hearts along with other members had drafted a statement along with a plan to steal the tarts as a way of having some input into the conference. After errors and omissions had been taken care of,

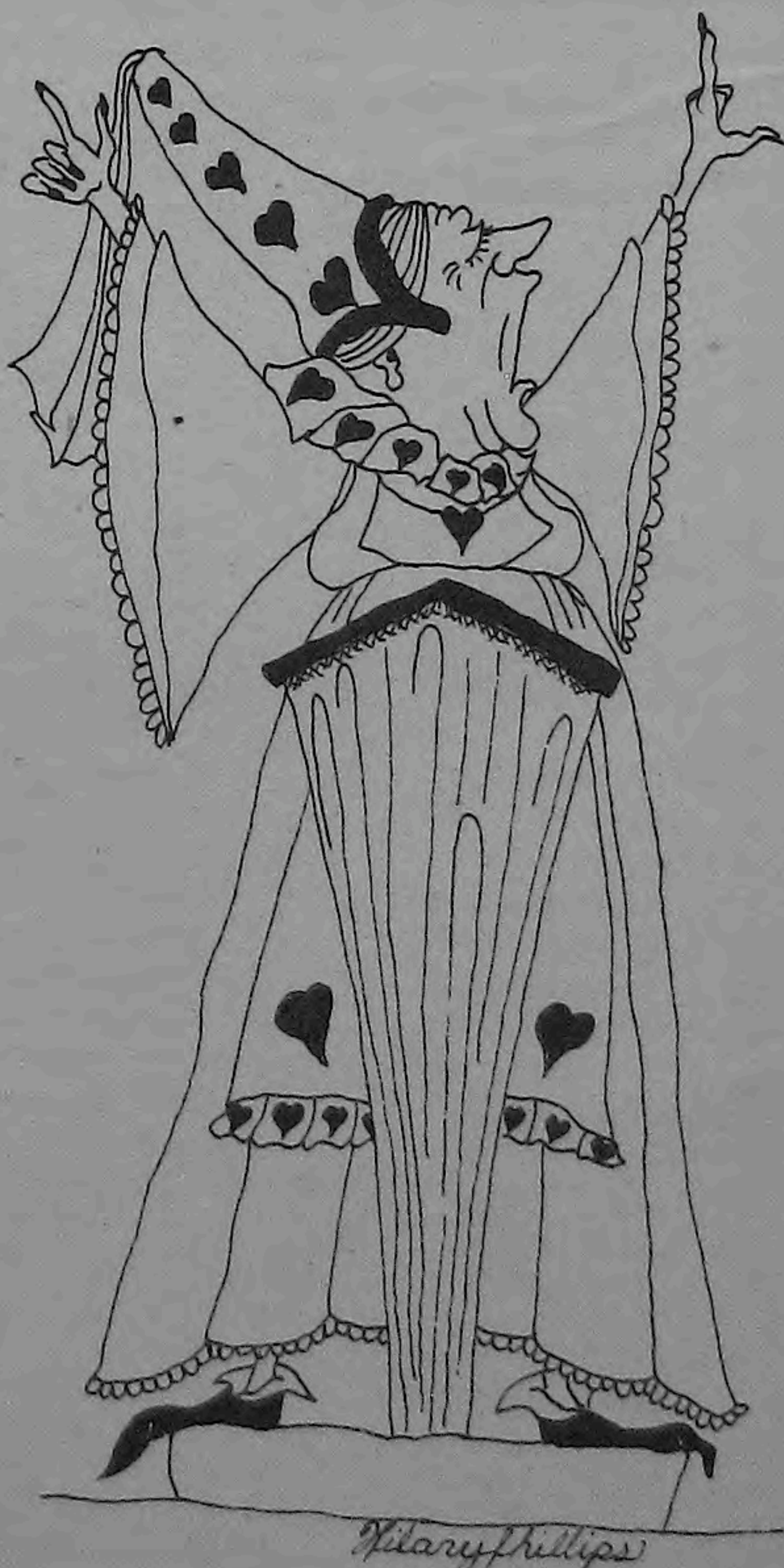
the meeting voted its support. "I wonder if this really change the game," worried Alice.

The last of the Croquet was finished on Thursday. Things were much of a muchness. The name of the game hadn't changed but its intent had - mental health become mental disease. "So much for labelling," shrugged Alice.

The tension mounted as the organizers cleared the jellyfish for the appearance of the Queen of Hearts. "First came ten soldiers carrying clubs....next courtiers....after these came the royal children....in hand....next came the guests, mostly Kings and Queens and among them Alice noticed the White Rabbit....last of all this grand procession, came....the Queen of Hearts." * Her address was a stunner. She spoke of people who had least input and influence on the Conference - the mental patient. She spoke of their problem of stigma and community acceptance. She spoke of role professionals played in promoting fear and stigma. "Splendid! 'Off with their heads!'" cried Alice.

Alice hurried to change into her best party dress. She had a gold-engraved invitation to the reception of the Queen of Hearts at the Mad Hatter's Tea Party. She squeezed into the parlour with the 400 special guests and joined the line for the presentation. The White Rabbit introduced Alice as a member of the Jabberwock. "We enjoyed your speech," murmured Alice. "Thank you," said the Queen of Hearts as she touched Alice's hand and it was over. "Really," thought Alice, "the Mad Hatter wasn't invited!"

The final day arrived and Alice impatiently waited for the Knave of Hearts to appear. He was to take advantage of the small concession by the organizers to allow for short addresses from delegates. When the Jabberwock's name was called Alice found herself up on the podium reading the press statement. To her surprise there was applause and congratulations. Others followed to make their statements about patient abuse, the stigma of mental illness, and the effects of mental illness on society. "Bet this doesn't make any difference," said Alice.



Hilary Phillips



EPILOGUE: ON COOPTING JABBERWOCKS.

" 'First, the fish must be caught'.
That is easy: a baby, I think, could have caught it.
'Next, the fish must be bought'.
That is easy: a penny, I think would have bought it.
'Now cook me the fish!'
That is easy, and will not take more than a minute.
'Let it lie in a dish!'
That is easy, because it already is in it.
'Bring it here! Let me sup!'
It is easy to set such a dish on the table.
'Take the dish cover up!'
Ah, that is so hard that I fear I'm unable!
For it holds it like glue -
Holds the lid to the dish, while it lies in the middle.
Which is easiest to do,
Un-dish-cover the fish, or discover the riddle?" *

INTERVIEW WITH THERESE SPITZER.

The following is an interview with Mrs. Therese Spitzer, a member of the Committee of Concern for the Rights of Mental Patients, in which she expresses some of her experiences at the 1977 Congress of the World Federation for Mental Health

MPA: What had you hoped that the Conference would be? When you first thought of going what had you hoped to gain from it?

T.S. Well since I am a member of the Committee of Concern, I looked over the program and decided I would like to attend the workshops on "Uses and Abuses of Mental Hospitals". I think that we are now entering a period of change in which x-mental patients can be on a board of governors of a hospital as they are in the Montreal hospital where Dr. Gaston Harnois works. Also I had hoped that we would hear something about the cases of abuse in California. Another contributor to these workshops was Dr. Greenblatt of California where they have in the courts some 139 cases of deaths of mental patients at the hands of others including drowning, suffocation and so forth. And so I felt this was an important workshop and I signed up for it hoping that we would be discussing this. I found when I went to the first workshop on Monday that the workshop panel which included Dr. Harnois, Dr. Greenblatt and Dr. Amiel of France was on the structure of their hospitals, and they took about 50 minutes explaining this.

MPA: So during that time nobody made any reference to the fact that the topic had been changed?

T.S. No. The title of the workshop had been changed to "Psychiatric Hospitals in a Modern Mental Health and Psychiatric Network", which is a very abstract, very academic sort of title.

At the end, I wasn't the only one that was dissatisfied, and I said, "Are we going to have a chance to participate?" At that point Dr. Margetts of Vancouver General Hospital spoke up and said, "Yes, what would you like to talk about next time?" I said "Abuses", and I remarked that the latest issue of the Center Magazine which is from the Center for the Study of Democratic Institutions (and I hope you will get a copy of the July-August issue), includes some creative ideas of what could be done because of the abuses in hospitals. People are more cognizant of this issue since One Flew Over the Cuckoo's Nest. After one meeting, a psychiatrist from another part of the country came up and said, "I'm glad you mentioned that article, and I don't think I'll be coming back to this workshop".

MPA: Right. So at no point in that first workshop did you have a chance to discuss abuse.

T.S. No. The last few minutes Dr. Margetts took a list of things people would like to discuss.

At the next workshop we took up "abuses" and it was then that I asked Dr. Greenblatt whether he would tell us something about what was going on in connection with the deaths in California. I have some newspaper clippings showing that the att-

endants had changed their testimony. Under oath they said, "Yes, I did choke that man", where formerly they denied it.

But Dr. Greenblatt, who was a very charming and compassionate person, when it came to answering my question, said, "Oh, I can't discuss that. It's in the courts." Which is a very legalistic sort of answer. Certainly we don't say that about what goes on in the Soviet Union. Everybody is eager to talk about and appropriately condemn the Soviet Union, but they were not willing to speak about the abuses here.

I mentioned the Vancouver Province story by Medical Reporter John Braddock which described the use of behaviour modification, seclusion boxes, and electrical devices, and Riverview Executive Director Ian Manning said to the group, "Well, you're all invited out to visit Riverview on Friday, and you won't see any seclusion boxes or electrical devices". Well I'm sure they didn't. However he didn't refute what the Province reporter had said.

(Note: The Province story June 25, 1977, page 24, said "Disruptive behavior in the unit (Behavior Modification) leads to about 15 minutes time out in a seclusion box" ...and "In certain kinds of treatment we might use shock ...but it's only part of a treatment program". This latter referred to aversion therapy in the Dept. of Psychology.)

So my feeling was that I had lost interest in the workshop particularly since the third day Dr. Margetts had invited still a fourth person to speak to us. He was from Holland and a fine and interesting person but again addressed us on the structure of his hospital which had nothing to do with

the original reason why I signed up for the "Uses and Abuses" workshop.

MPA: Were these the same people who had been listed to speak under the original title?

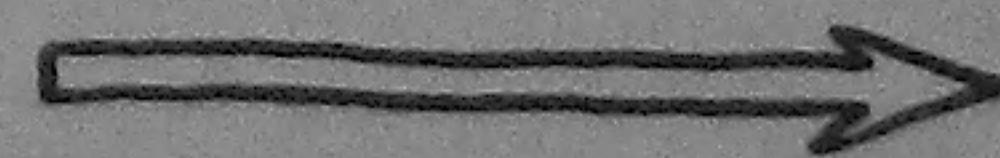
T.S. Yes. But interestingly enough the coordinator Dr. Andrew Selig never did appear. The others did but they only spoke of "uses". As far as I'm concerned, the most important fact that came out of the meeting was that there are 2 x-patients on the Board of Governors of Dr. Harnois hospital.

Since the expenditures for this conference were probably in the neighbourhood of half a million dollars, I feel we should follow it up by working for a Board of Governors for Riverview which would have 2 x-patients on it.

I would like to know who composes the Executive Board of the WFMH. What are they going to do about this excellent speech by Mrs. Carter in which she talked about prejudice against mental patients?

MPA: What was your opinion of the plenary sessions?

T.S. Well there were certainly positive things. One was the marvellous speech by Rosalynn Carter. The other was that on Friday morning, due to the pressure from people who said, "We don't want plenary sessions that are all planned and in which there is no participation" - there was some spontaneous planning. A few workshops did give feedback from their sessions. However, the workshop on Women was not asked to give any feedback. Dr. Sue Stephenson, the psychiatrist who is an associate professor at UBC and who



coordinated the Women's workshop said that she was angry that half the speakers for the workshops came fully supplied, leaving no room for participation. She was apologetic for not having used her influence to push for a speaker in the plenary sessions to cover the mental health topics from a woman's perspective.

Also, if the MPA, who were listed as co-sponsors of the conference had truly and in a democratic way been co-sponsors, they would have been asked to help plan the meeting and could have asked for a speaker in the plenary sessions. Instead, only a short time was spontaneously allowed in which Fran Phillips spoke and gave the statement of the MPA. Certainly this was a drop in the bucket and was not given an important place.

"Uses and Abuses" was not asked for any feedback either, and I asked Dr. Miller for a few moments in which to voice my criticism. He called me on Friday morning but allowed me only about 3 minutes so I was never able to finish what I had to say.

I feel that the deaths at Riverview are important: the death of Lewis Lambert Hall (who was scalded and later died), and the death of young L'Hirondelle (who died not in a hospital bed but on a mattress on the floor in solitary confinement). Now this seems to me as though it appropriately should have been brought up in the Uses and Abuses workshop. It was not. It was not scheduled because of the change of name of the workshop. I would suggest that, for the next conference, the feedback should be chosen for important changes that could come about as one segment of the WFMH.

I heard a lot of criticism from people who came from faraway places and I'm sure there were lots of people who were very satisfied too. But certainly dozens of people felt that if it was important to discuss abuses in the Soviet Union, it was surely important to discuss what goes on on the West Coast - in California, and here in B.C.

- Theresa Domai.

More On the Conference:

When I first thought of attending the World Federation of Mental Health Conference at U.B.C. I had some hesitant feelings about going. Fantasies of a continuous series of clashes with conservative-minded professionals went through my head regularly. My distaste for these people is matched only by my paranoid feelings about them.

Anyway, to a great extent my fears were unfounded. There was the shrink from Alberta who insisted on applying the medical model to mental illness, dismissing my argument of the social and political factors with his elitist attitude which is so common among mental health professionals. One would think they would be a little more humble considering the many mistakes made in the past and the gross incompetence of today.

I noticed a few of the delegates, reading "Mental Patients Have No Rights", on the front of our booth, chose to frequent some of the safer presentations around such as the C.M.H.A. booth. I guess the concept of a mental patient being a person was a little too much for them. Other delegates thought we were affiliated with the church of Scientology. I told them that, in my opinion, the Scientologists are to the mental patient liberation movement like the North American Labour Party is to the cause of socialism.

The consensus of many of the visitors from outside B.C., especially from the United States, was that our Mental Health Act was considerably out of date. A psychiatrist from the State of New York told me that, in his state, they already had all of the rights we were demanding but one; and a Michigan State legislator indicated to me that they were in the process of expanding the rights of the mental patient even more.

The discussions I enjoyed the most were about our residence program. I suppose, living in one of the residences, I knew something on this subject. Talking to a psychologist from Ontario, who, playing the devil's advocate, asked me some pretty incisive questions about the kinds of things that happen in our houses, was quite stimulating, at least for me. The same psychologist indicated to me that he was interested in helping to form an MPA in his area. I thought it was far out that he recognized, being a professional, any support he gave would have to be very quiet. He told me that he was thinking of helping the initial movement get off the ground with a cheque, which is really putting your money where your mouth is. It's nice to know that there are some professionals around who know where it's at.

Portland Frank's Anti-Psychiatry Bibliography sold well; as a matter of fact someone told me that he uses it in his classes. Almost everyone who stopped by the booth picked up a copy of the Nutshell. I thought we

should have had more material on our residences as there was some interest in them.

My fondest memory of the conference happened just as I was preparing to close up the booth on my last day there. A man approached, carefully read down our list of demands, looked at me with a serious look in his eye, and gave me a clenched fist of solidarity. "Power to the people!" I shouted, And I went home that night feeling a sense of comradeship with him and a few other people I had met that week.

P.A.O.



AN X-PATIENT SPEAKS OUT

One of the hardest hitting speeches of the Conference was given second to last, with only a few hundred die-hards left sitting. It was given spontaneously by a Vancouver teacher - an x-mental patient. She explained that her companion at the Conference had not known till that moment that she was an x-patient. Then she described the hush-job that had been done by the administration to hide her hospitalization.

She referred to Virginia Satir's speech in which Virginia had bound and gagged Dr. Eugene Brodie to demonstrate what society does to its individuals. The teacher explained that this is the job given her by society - the job of binding and gagging our children. She chastized professionals in the mental health field for contributing to this activity and told her audience that they were making difficult work for themselves by blocking the tremendous creative potential of our youth.

She spoke from personal experience and feeling which made for a vital statement - made by the only x-patient who spoke to the plenary sessions.

- Theresa Domai.



MRS. ROSALYNN CARTER'S address to the World Congress on Mental Health in August inspired this reminder from MPA to the Grandview-Woodlands Area Council concerning that neighbourhood's prejudiced response to MPA's presence there.

Grandview-Woodlands Area Council,
1135 Commercial St.
Vancouver, B.C.

Dear Citizens:

Some of you will recall incident of a little than a year ago in which residents of our house at 2021 East 8th were forced to leave community. This was as possible as we had a house in a single dwelling area which for only 5 unrelated to live in a home. How there had been no incident of violence or disruptive behaviour and it was solely on the basis of misconceptions about the mental patient that the move made necessary.

We feel it is of great importance that citizens of Vancouver overcome these biases and accept responsibility in aiding people in process of reintegration to society. For this we wish to quote to you Mrs. Rosalynn Carter's speech of Thursday, August 25, 77, given at the World Congress on Mental Health held at U.B.C.

In her address, Carter ended the stigma attached to the mentally ill "a feeding cycle of fear, discrimination and lack of understanding". "Negative public attitudes are holding back progress in our field," she said.

She said mental health professionals recognize the need to take patients out of institutions and into community based treatment centres, the public worries these might be dangerous irresponsible people.

"In spite of all our efforts many people still do not want to live next door to a former patient. They think that crime will increase, their children will be harmed, their property value reduced."

Citing first-hand experience in trying to establish homes for ex-patients, Carter said zoning bylaws have been used "as weapons in the fight to keep former patients out of our community."

We hope that you seriously consider the necessity of opening the doors of the community to those who are on the difficult road of return from institutionalization.

Sincerely,
Former East 8th
MPA House Residents

PLUTONIC DIRT NOTES

This is being written
While sitting on the toilet
Which seems to be
The only place left
for inspiration.

I cannot write of love
Or death
Or the question of a supreme being,
only of the simple tragedy
Of daily living.

Having to be, having to continue to be
Seems to me
More universal than love
or even death
And nobody has to prove he is alive,
Having instead
Having to continue
Without a voice to sing;
Without help for it. We are here.

We are here, and it doesn't look
Like we are going anywhere at all.
The man sitting on the toilet
Hidden behind a locked door
Is to me the appropriate symbol
Of all mankind's crazy lonely
Restless patience,
For which no reward has been posted
Nor likely ever will be.

He sits as close to heaven
As we collectively will ever come.
He meditates without the mystery of a dollar bill
And at the feet of no teacher.
This thing he is doing
He didn't have to learn really
He was born with the skill,
And toilet training is merely
A cultural footnote
The afterthought of our genocidal
Embarrassment
At having to be
Having to continue to be.

- Pluto.

Fantasy at Manpower

Oh if I were a salesman
I'd sale away on a she
Where the waves
Are papered
With dollars
And everyone
Smiles back
At me.

Len Lorimer.

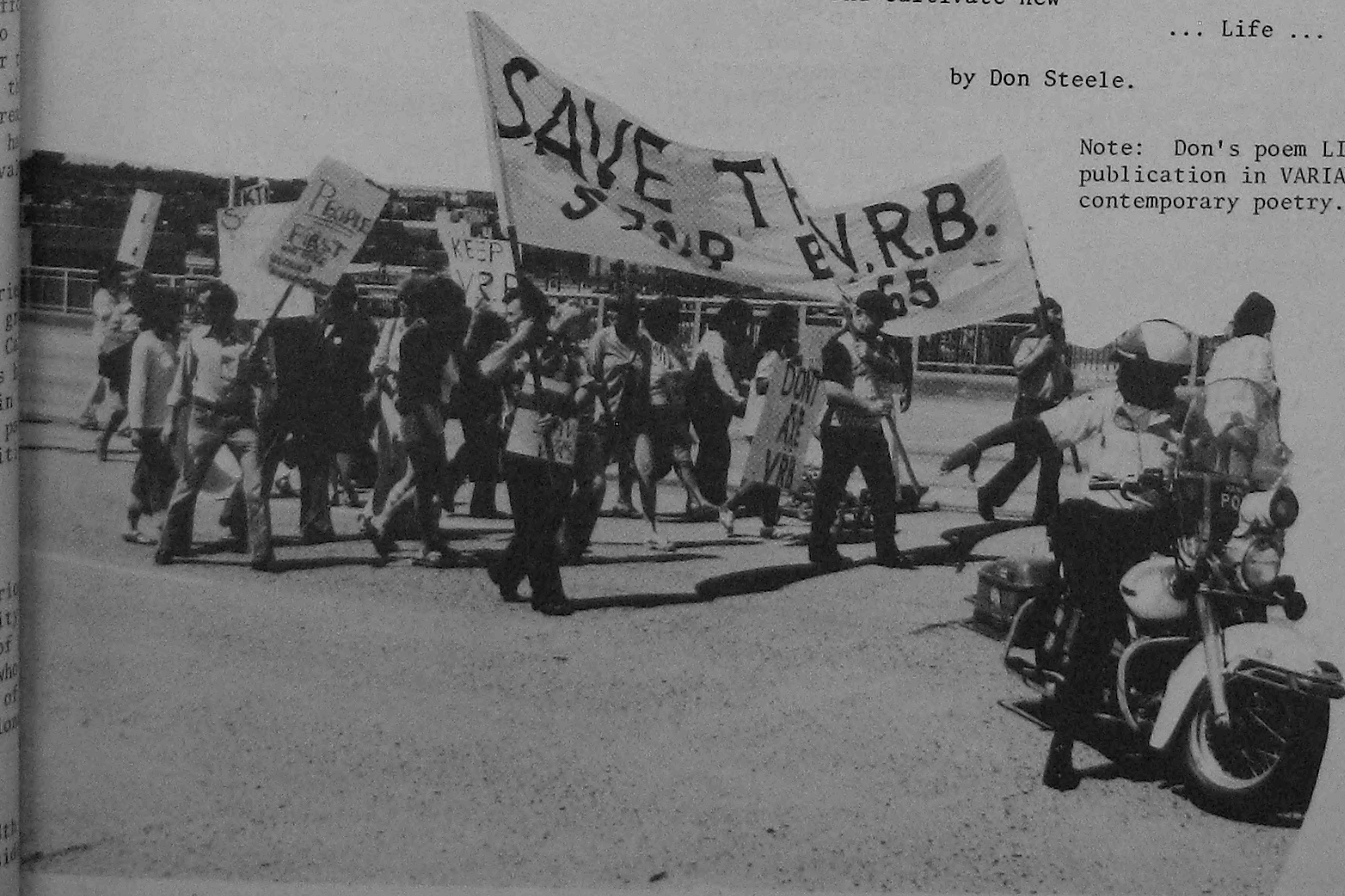
LIFE

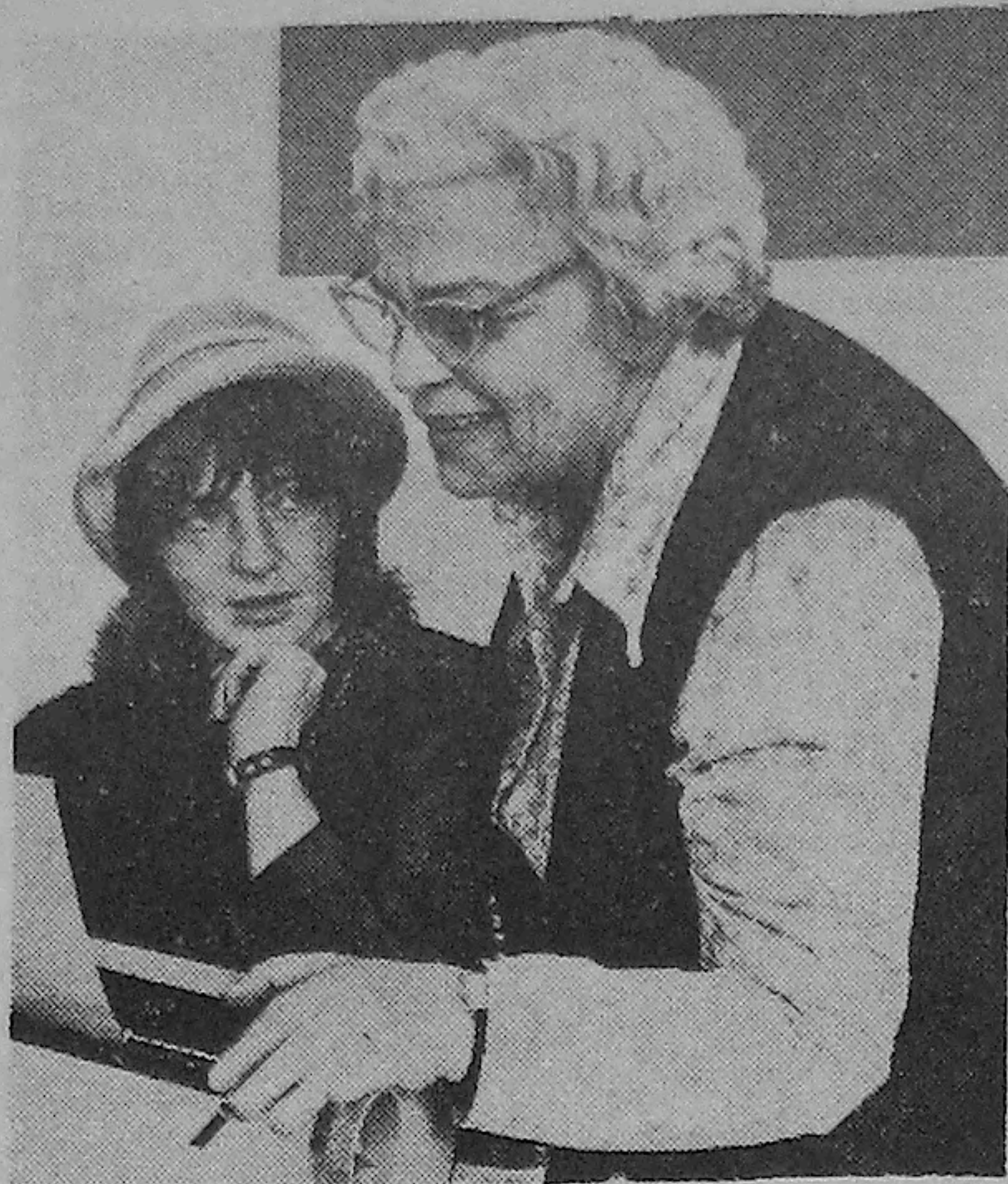
Often we go back to where we began
remembering the dreams the plans the pain
and then leave again
to gather up strength to return;
to mourn and praise the memory
to slowly celebrate the past
and cultivate new

... Life ...

by Don Steele.

Note: Don's poem LIFE has been accepted for publication in VARIATIONS, an anthology of contemporary poetry.





A GREAT LOSS TO MPA

Molly Dexall is dead. Her passing was the end of an era of MPA ex-patient political involvement by the old guard who helped to found MPA and develop its high principles. She was one of the people who remembered a time when MPA had to fight for ridiculously inadequate funding; when coordinators (including Molly) worked 12 hour days, and people came to MPA from hospital with virtually no community support.

Molly was an unceasing champion of the well-being of hospital patients and ex-patients. She dared to criticize any and all who impeded MPA's high ideals, and she gave unstintingly to those in need even though she often had very little to give.

She contributed in large measure to MPA's good image through her public speaking and media work. She seldom missed an opportunity to take part in open line shows in support of the downtrodden. She always had time for members who were depressed or lonely or just hungry. She contributed to the social life of MPA from its inception - and also regularly prepared a free and delicious Saturday breakfast for members.

Molly loved putting her thoughts into words: she was a major contributor to MPA's publication of creative writing "Madness Unmasked", and also a dependable contributor to the Nutshell, especially one-liners or short poems to fill the blank spaces which always show up during "lay-out".

Her death was a shock to all of us: it's hard to realize that such a strong vital personality is gone from the scene. Molly had a lot of problems yet she managed to rise above them with a nobility of spirit which we all admired. We are going to miss her a great deal.

DANNY, WE HARDLY KNEW YOU.

When I met him I was captivated by his reddish light hair, freckled face, blue eyes and open face which possessed much character.

He was not tall, being about 5 ft. 5 ins. in height but he seemed not at all bothered by his lack of inches. He walked straight and his body seemed well in proportion.

He was in years a man, but in some ways still really a boy. Wherever he was he stood out. He never really was in "the mould".

Oftimes I imagined him on a ship, for his blue eyes and fine face seemed out of place in the neon-lighted, strip-club world which is Vancouver today. It seemed that his life had a mission, a quest which was as yet unfulfilled.

He obviously had intelligence and potential which most people overlooked in their desperate haste to turn on the colour t.v., smoke the marijuana, step on their fellow man and perhaps sell or give their own souls for a few cheap thrills.

Danny, did we fail you?

But Danny is no longer here, because to our great sorrow he was killed by a car out at Riverview Hospital about six months ago. I cannot believe that his quiet dignity and inherent goodness are gone.

I don't think he was yet 30 years old - and I never heard him utter a profanity.

Dan. We know what love is not, so I can only say I respected you for your courage, dignity, loyalty and honesty.

I salute you, though could hardly call you friend for Danny, we hardly knew you.

Carollyne McCready.
In Memory of Dan Rice.
One of our finest
"brothers".

The Prayer of St. Francis

Lord, make me an instrument of Thy peace: Where there is hatred, let me sow love; Where there is doubt, faith; Where there is despair, hope; Where there is darkness, light; and where there is sadness, joy. O Divine Master, grant that I may not so much seek to be consoled, as to console; to be understood, as to understand; to be loved, as to love; for it is in giving that we receive, it is in pardoning that we are pardoned, and it is in dying that we are born to eternal life.

St. Francis

Dave Thompson died suddenly August 14th, 1977. Dave was a longtime member of MPA, dating back to the 10th and Trutch drop-in days.

He was one of MPA's quieter members, known for his kindness and generosity and his sensitivity to the feelings of his fellow man. Dave loved to talk to people - especially on a one-to-one basis - and often treated a friend for coffee or took someone out for a meal.

Dave lived in the West 11th house for a number of years, and worked on VOP at the drop-in during that time. When his friend Pat Lyons got St. Francis House underway Dave became the first resident. He was very excited about St. Francis House when it first came into being because Christian residents had the ongoing support of a Christian community. He was a very devout Christian himself and attended Holy Rosary Cathedral.

I remember him participating actively in MPA's various meetings. When he spoke he spoke with great depth and surprising wisdom. In those days he helped MPA make well considered decisions.

Dave attended the NAPA conference in San Francisco in 1975. He also was involved in the National Film Board film - playing the part of the patient who was being discharged from Riverview.

Dave is very fondly remembered by a number of people at MPA.

- Valerie Shackleton.

LETTERS



Dear In A Nutshell:

I appreciated your July issue with the emphasis on mental patients' rights. As a former mental patient I sympathize with the work you are doing.

There are about 5 rights I would like to emphasize as affecting my stay at Riverview. The first among these is the right to refuse medication with unpleasant side effects and the right to refuse electrotherapy. During my 2 stays in Riverview I have been subjected to medicine with varying side effects including blurring vision. In Toronto I was given a drug that made me dreadfully sleepy all day long.

The second right I would like to emphasize is the right to wear clothes. I find being forced to wear night clothes degrading.

Another right is that to keep your own personal property.

An important right is that of the right to privacy. The sleeping quarters at Riverview ignore any right to privacy.

All workers in mental hospitals should be paid a decent wage for the work that they do. I had a job at Riverview in the dress-making section and spent most of the day sewing on buttons.

These are just some of the rights that mental patients do not now have. I am happy to see mental patients organized and beginning to fight for their rights. Please include me in your struggle. Enclosed you will find a small donation. Please send me your newspaper regularly.

Yours in sympathy,
Sharon Hager.

Dear MPA:

Good news! We've started our own MPA here in Toronto - we're calling ourselves (are you ready for this?) the Ontario Mental Patients Association. Hope you don't mind our using MPA in our title. After all, many of you have been urging ex-patients to start their own MPA or MPA-type group across Canada - right? So we took you up on it. August 9th was the date of our first general meeting in the gym at All Saints (Anglican) Church. About 100 people showed up at this meeting and 70 signed up. It was a real high! We applied for a Canada Works grant for 12 positions: 2 coordinators, 6 crisis workers, 2 job-researchers, and 2 office staff. I should add that it is our informal policy to restrict OMPA only to former mental patients and anybody who's received any kind of psychiatric treatment.

We've decided not to let the media into anything we are doing; we're almost paranoid about the media exploiting us.

PEACE, STRUGGLE, LOVE,
Don Weitz.

Dear MPA and In A Nutshell:

I must say I am impressed. I read my first copies of your newsletter (July, May, 1977). I did not realize the cohesiveness, commitment, and promise of your organization.

I am an undergraduate university student in Psychology (Simon Fraser) and am very interested in "mental illness" as I plan to take part in this area as a career. But there is a need for more practical education for students or those interested in the area. There is a need for more contact and interaction between those labelled "insane" and those labelled "sane" - perhaps it will lead to a better understanding of both by each other.

I recently received some information (from MPA, which I would like to thank). I am writing a critique on the B.C. Mental Health Act for one of my courses.

As mentioned before I was very impressed with the Nutshell and its degree of sophistication in describing the problem. I have included \$5 which I hope will pay for a subscription to the Nutshell.

Also, I would like to help you out, in my own way, if possible. In my research for the essay I am writing I have acquired a large amount of literature on "Civil liberties and the mentally ill" and "Involuntary commitment" (arguments against it). Perhaps I could provide an extensive bibliography on the topic, for you. Let me know if you would be interested.

I hope, eventually, I can get more acquainted with your organization and its members. It is a cause well worthwhile and should be at the forefront of our priorities. Keep up the good work and thank you.

Yours sincerely,
Kerry Jothen,
Langley, B.C.

Vancouver Peoples Law School
2110-C West Twelfth Avenue
Vancouver, B.C. V6K2N2

Dear Friend,

The Vancouver People's Law School has scheduled another series of their legal education programs to be shown on cable stations throughout B.C. In the past you have been kind enough to provide a Public Service Announcement for the duration of the series. I am again asking for your assistance. I have enclosed a schedule that tells you when the programs will be playing in your area. Information on program length and content is also enclosed. If you require any further information, please call me at 734-1126.

Your assistance is greatly appreciated, and again I thank you.

Sincerely,
Dianna Cook.

* * *

CABLE BICYCLE SCHEDULE
FALL 1977
Cassette colour 3/4"

Vancouver Station:

Sept. 25	Mental Patients	1
Oct. 2	Mental Patients	2
Oct. 9	Mental Patients	3
Oct. 16	Mental Patients	4
Oct. 23	Small Claims	1
Oct. 30	Small Claims	2
Nov. 6	Small Claims	3
Nov. 13	Family Court	1
Nov. 20	Family Court	2

Program Time: 10:00 p.m.

Our thanks to the following for their contributions to our publishing costs:

Mrs. Edna Doyle,
Welland, Ontario.

Ms. Mary Minchuk,
Ferne, B.C.

MPA:

Please forward my condolences to Molly Dexall's son and family.

She was a very brave lady and I'm one person who gained insight of human behaviour from meeting her.

Thank you.

Claudia Savage.



1977 WORLD CONGRESS ON MENTAL HEALTH

"Begin at the beginning, and go on til you come to the end: then stop."

"Putting it in writing" is a dangerous activity. It's permanent. You can't change it. That's a pity. I want to be able to change.

Sometimes it's better to be misquoted.

The World Federation for Mental Health, an almost worldwide collection of psychiatrists, psychologists, and "mental health workers" of various descriptions recently held a conference, which they called a congress (opening Sunday, Aug. 22nd), at the University of B.C.

On Friday I receive a call during a meeting at the Riverview Drop-In. I'm informed that a press pass to the congress is being obtained for me. I thank my friend for her efforts but ask her not to bother.

I want to attend the congress as an interested citizen but haven't \$100 to spare. If that means standing in the hallways, well, that's the way it goes.

Returning to the meeting patients are talking of forming a patients' council. It's agreed to meet the following week.

Again I'm called to the phone. My friend informs me that my press pass has already been obtained. All that's required is my date of birth (for security reasons). Don't fight the flow - June 19, 1951, (now you know, doesn't it make you feel secure?)

So finding myself within the fraternity of the "fourth estate" - the unelected misrepresentatives - the Press (from whence the word Prestige originates), I arrive at the University of British Columbia, and the World Congress on Mental Health.

"Where's it happening?" a delegate from Chicago asks as we wander from the bus stop.

We spot placard carrying demonstrators outside one of the buildings. That must be the War Memorial Gym. Lest we forget.

We wend our way through the Church of Scientology's orderly disorders. The signs read "Psychiatry Kills", "ECT fries your brains". But no solutions are offered; nothing to test your intelligence certainly.

Inside the gym, symptoms of paranoia permeate. A congress organizer is delegated to find out who I am - evidently the security people were too intimidated to ask me. I ask him if it's my three-piece suit that intimidates, or maybe my gumboots? Or my moustache? Then he recognizes me from a conference several years ago. Neither of us has changed much.

The gym is beginning to fill. To the side of the stage a string quartet provides music therapy.

The assembled come to order; welcoming speeches echo in the rafters.

B.C.'s Health Minister relates some mental health practices from B.C.'s history: dunking - the patient's head is repeatedly held underwater until he is nearly drowned; strait jackets, leather straps, tiny cages, etc. etc.

He mentions (if my notes serve me well) that B.C.'s first mentally ill person was a man who made a "violent and unprovoked attack" on B.C.'s first doctor, and was soon after shipped back to Scotland (from whence the word "scotsphrenia" is derived).

Finally, as the keynote speaker, a Canadian federal cabinet minister begins extolling the merits of physical fitness as a relief for stress, Arthur and I do a three hundred yard dash for the cafeteria in the Student Union Building, site of the impending wine and cheese party.

Therein I embark on a fact-finding mission while

CALLOUS IN UNDERLAN

Arthur maintains surveillance on the locked cafeteria doors.

The congress registration booth bulges my bag with paper paraphernalia.

The official program expresses special thanks for the generous financial support for the Congress. Listed are various Canadian federal and provincial government agencies, foundations, various philanthropic individuals and corporations and of course several drug companies. There is wealth in mental health.

Listed as a non-governmental co-sponsor is the Mental Patients Association. As well, an info sheet and survey seeks feedback from delegates with sizzlers like:

"I hope there will be _____ to relax during this Congress with colleagues and friends. a) no time b) very little time c) some time d) a great deal of time."

I rush back to find Arthur. He must be made to realize this conference really does want our feedback on "Today's Priorities in Mental Health": ("Knowing and Doing" - the conference theme).

Outside on the steps beside the S.U.B. Building, the Scientologists are holding a candle light vigil in memory of a 16 year old Alberta girl who died after receiving a series of shock treatments. Silence suits Scientologists, the statement of protest is effective.

An organizer proudly points to the plane overhead pulling a lighted message across the skies - "Psychiatry Kills!" But, unsaid, "Scientology Bills"?

While outside, candles are lit, inside, delegates are getting lit. As I socialize with the milling throng (thrilling mong?) discussion focuses on the lack of "consumer input" into the congress. It's suggested that the \$100 registration fee be waived for consumers and former consumers of mental health services who aren't attending because they can't pay the fee.

It's pointed out that those who did pay might resent this. But of course, fees had already been waived for spouses of some delegates and various VIP's attending the congress.

Later as I stumble out of the cafeteria a member of the congress translation services (English to French only), offers me a ride.

I wonder how to translate this congress, its form into something relevant, process, a medium of change between differing experiences, languages, perceptions, fears and hopes. -be tomorrow.

* * *

Did Dionysus ever have hangovers? (It's the "hellenic"). The God Wine and delirium never any morning-after follow. The "Dionysic downer diagnosis" it might have been led.

Monday morning several congress organizers are at the M.P.A. Booth (located in the S.U.B. Art Gallery). They invite interested members to attend (free) the workshops that will have room for more participants.

Although it's a step in the right direction, the members comprise a small portion of former, current and potential mental health service consumers. Without maximum input from the consumers of service, then we have a professional dictatorship (benevolent or otherwise). We would want that, would we?

A sour note struck by the invitation is a demand that congress passes be returned before Thursday afternoon when Rosalynn Carter is to speak. Perhaps it was feared that there would be demonstrations planned for the speech.

Personally, I saw it as being difficult to stage a demonstration of self-help processes, a remarkably successful residence process and other "viable alternatives" - all during a speech in the War Memorial Gym.

I guess there might have been a way to pull it off but would the chair have cognized this? The whole question of auditorium design needs research.

It still being Monday go forth to seek the audiovisual heart of the congress in the "Office for Human Elements". There I deposited 3 films: "Mental Patients Association" (National Board of Canada, 1976, 30 min., colour, Dir. Richard Patton); "We're Half Home" (Canadian Broadcasting Corp., 1976, 30 min., colour, Producer Roy Bonisteel); "Hurry Tomorrow" (by Richard Cohen & Kevin Rafferty, 80 min., B & W, distributed by Films, Toronto).

And while Fran, Bruce and Arthur contribute to the

views of MPA to a workshop entitled "Health by the People" (attended by about 50 people), I steal away to one of my pet subjects, a workshop called "Penal Systems, Society and the Future".

A panelist points out that at the local regional headquarters of the penitentiary administration, the office bookshelves aren't filled with books on crime, prisons, or rehabilitation, but with books on management and administration.

This statement (and this article) opens up a semi-opportunity to talk about what I want to talk about.

When "question period" rolls around, voice shaking, I ask the panelist if these prison administrators might consider sharing their management skills with the prisoners in their custody.

Then, by withdrawing guards from within the prison to perform a perimeter guarding function only, the prisoners would be permitted to manage their own prisons ("self-helps").

A major reason for the high return rate of prisoners back to prison - 90% - is because prisoners, like mental patients, become "institutionalized". Decisions major and minor are constantly made for prisoners.

What clothes to wear, when to eat and what, when to go to bed, what posters are permitted on the wall, and on which wall, etc. etc.

Survival and release depend upon conforming to the rules and rulers of the institution.

This teaches how to be a good prisoner/patient, but not how to develop self-sufficiency, personal initiative, self-confidence and self-love.

My experiences in MPA have indicated that these assets can be developed in a setting that allows for and encourages self-help.

I suggested to this workshop that it would be a good thing to try; the way things are going they couldn't get much worse.

While leaving the workshop with a workshop panelist, he suggested that the idea was excellent, but what would be done with all those people who are currently employed in the prison system? That was the real problem.

As we strolled through the university campus our discussion was on "sabbaticals" - people being paid to improve their minds, freeing them to work on such problems as unemployment...

On Tuesday I attend the workshop called "The Influence of Mass Media (t.v.) on Children". Discussion centres on a recent study by a group of UBC psychologists. They studied the behaviours of children in 3 towns in

the B.C. interior. One town had no t.v. service, another town had one t.v. station, the third had several t.v. stations. They also did a follow-up study after the town without any t.v. got a t.v. channel.

The results of the study indicated that the aggressive behaviours of children (both verbal and physical aggression) increased considerably in the "no-tel" town when it got a t.v. station. In fact the children became even more aggressive than the children in the towns which had had t.v. all along. These are frightening results. But not unexpected.

This same study analyzed the interactions between people depicted on t.v.

In the area of 95% of all human interaction depicted on t.v. programs was found to be aggressive (verbally and physically). And in most instances this behaviour was rewarded.

Since most children spend more time watching t.v. than any other activity (including sleeping), how many people are being screwed up by this tool of money-making advertisers?

Last year some friends demonstrated to me the power of advertising. Their one year old son was playing in another room. A commercial came on, (a Glad garbage bag commercial), the child came running to the t.v. My friends waved their hands in front of the child's eyes, pinched him - hard!, yelled at him, put food in front of him. His glazed eyes didn't leave the t.v. Finally he was pushed backwards and fell. His eyes didn't leave the set. He lay there on his back, still dazzled by the commercial. When it was over he stood up and toddled back to his toys. I wonder what kind of garbage bags he'll grow up to buy. And why. My friends unplugged the t.v. - it's not used there any more. But the other day the child came home from visiting a friend; he was singing "At McDonalds we do it all for you". Kojak, arrest that t.v.

Wednesday poured bleak and bleary. The "great debate" - Ivan Illich (the professional antiprofessional) vs. Morris Carstairs (former president of the World Federation for Mental Health).

"Be it resolved: there is no need for mental health professionals".

After a 30 minute speech by the "parliamentarian" on history and purpose of debates (as a tool to develop the capability of argument and persuasion), out from the left corner comes Illich.

He paraphrases the resolution to read: "priestly ministrations shall not be

imposed on anyone, even if it is for their own good".

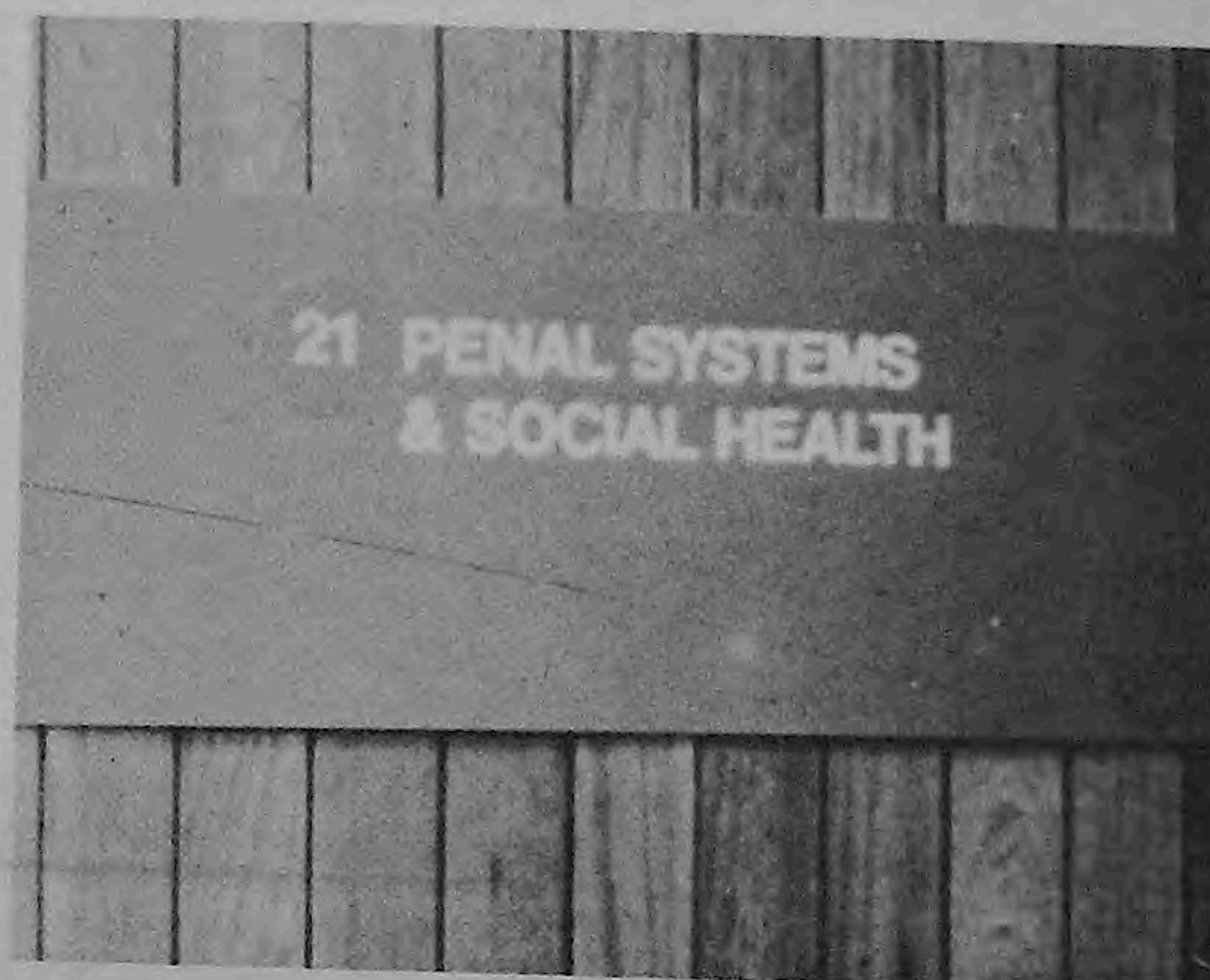
I'll recycle a few quotes:

"Professionals are assuming increasing powers and the people they are supposed to be serving are losing their autonomy".

"More recently, and more ominously, they have claimed the right to say what society as a whole needs".

"Return physical and mental health care to the people. Antibiotics and other medical technologies should be carefully packaged and distributed to anyone that needs them."

..."will allow us to practice the 'art of suffering' in which we find meaning in life by facing and conquering pain through our own efforts".



Carstairs: (comparing Illich to the Roman general who exhorts his flagging troops with the words: "you dogs, would you live forever?")

"This is heroic stuff... but is it what the people want? His (Illich's) ideas are so safely Utopian there is little possibility of them being put into effect."

Illich's analysis of current strategies being utilized by professionals' organizations counteract the growing self-help movement. 1) the "team approach" to social services - groups of professionals of various disciplines who collectively get on the cases of mutual "clients" - clients who, incidentally, somehow never make the team.

2) artificial (planned) reduction of basic services: i.e. food, shelter, access to communication and movement). This is the "lifeboat" principle in action. Consumers of professional services are intimidated from helping each other and improving conditions because of the presumption that there is not enough to go around. Therefore it's you versus me, instead of you and me. Divide and conquer. 3) Perpetuation of professional power hierarchies un-

der the guise of "volunteer" and "self-help" systems. Health Sciences Centre video-tape soap opera shown at their booth during the conference is an excellent example of this particular sales pitch:

PSYCHIATRIST TO JILL THE VOLUNTEER: I think Jane (the patient) is becoming too dependent on you.

JILL (next day) TO JANE: I have been thinking; I think you're becoming too dependent on me.

And all too often the paid co-ordinator system of MPA is similarly co-opting.

After the debate, as Morris and I lunch in the cafeteria a young "volunteer" from Saskatchewan joins us.

She's just watched "Hurry Tomorrow" at the Media Cent-

re. It's a film about a Los Angeles mental hospital. She asks us if that's really what mental hospitals are like or if it is only like that in the States.

When we tell her that Riverview is very much like the movie she's shocked. She's beginning to realize where her "clients" are "coming from".

At the MPA General Meeting Wednesday night it's decided to call a press conference for the following day. The next morning a hastily called press conference brings little response. As little notice of the press conference is given to the press by MPA (read: me), little notice is taken by the press.

After Rosalynn Carter's speech that afternoon (which I studiously avoid, preferring to person the MPA booth) there's a salmon barbecue scheduled for 5 p.m. in the cafeteria.

While delegates line up to get into the caf. some leave the line-up to step over to the MPA booth.

cont. on

page 17

POETRY

INFATUATION

He seems to care.
Sometimes I fancy
he looks at me
in a special way.
But it can't be true.
Oh, beautiful man
with your lovely eyes
So handsome, strong and true.
You'll never love me.
Girl be brave and admit it.
Or will I be a fool
And hope for a love
that can never be?

Carollyne.



to someone i might have loved
but didn't

i never knew you
we never shared damp morning papers
or bad coffee in broken cups
we never got caught in the rain
and came home dripping on the oriental
(priceless) rug.
you never sneaked up on me and made me
scream.
i must have passed you by
wondering "will it rain?" "am i late?"
i never knew you.
i'm sorry.

felicia fox

UNTITLED

Forget the black hair
Keep a Khayyam beauty
This way...
The pupils of my eyes
Are the companions of solitude
We cast away the hourglass
Along our minds
Sand is for me
And solitude for you
This way...
The pupils of my eyes
Are the companions of solitude
In the hourglass
This way

Here, in this garden
There certainly is a man
But though many eyes are seen
They lack embodiment.

by Joanne S.

"There is nothing more feminine, I repeat,
than to present two very different aspects:
one for the person who passes by,
another for the one who attentively stops.
If one wishes to know a woman, it is necessary
to stop in front of her, or said in
another way, it is necessary "to flirt".
(Ortega y Gasset)

PHYLLIS

Whereas you looked at me
In a way that I haven't forgotten

And whereas
I looked up what your name means in Greek
It means: green bough

And whereas
I love my mother
Who is a diabetic hunchback
With a spastic leg

And whereas
You probably already have a boyfriend

Therefore be it decreed
That I am free to invite you
For coffee
And you are free to accept or refuse.

- Pluto.



A POINT OF VIEW

It seems very urgent right now
To realize
That society is a mock-up
Without very much that is genuine behind it
Besides fear ignorance and vanity.

(written in Crease Clinic)
Pluto.

FOR K.

Life is an apricot stone
Life is twenty years
My friend believes that God
Is the simpleness in people
To quote is to destroy
Life is an acquired taste
Like an olive.

- Pluto.



The staff of my life
has been whittled to chips
Gather them now to a small neat heap
Kindle the pile to warm your gruel

Bake your bread
on my bed of coals
Divide it among you
Leave none for the birds

Piss on the cinders
Till not one remains
Cover the smudge
With a blanket of earth.

Christian Schultz.

the tree branch
holds silver droplets
of rain
the sky is full
of grey -
sometimes i am afraid
of the rain
it reminds me of
when i drifted
away from myself

my mind was stuck
in the trees
washed up muddy
in the r a n
i tried to make you smile
until i fell down
broken from
the window
sometimes the rain
isn't tears
it's just droplets in
the tree

hanging in the grey
the tree is in my yard
not over my grave
the descent is halted
i begin again and again
that is how
i become i.

felicia fox

RIBBONS

Ribbons - ribbons - ribbons
Ribbons
Some are on kids
Some are on Chinese dragons
Some are on the hair of pigtails
Some are on the old oak tree
Some cut us to pieces.

J.P.Gordon.

OPEN HOUSE AT THE HARBOUR

Vacant eyes - shuffling feet
Walk along a leaden hallway
The people of the sallow - cheeks.
Looking, feeling, thinking - but
Eyes dulled by mental illness.
Drugged to calm their spirits.
Shocked to bring back equilibrium.
Shut away - fast ... to the seclusion
Of silence anchored.
Pray for these people, give hope
Love them as Jesus loved humanity.
Atmosphere - grey - ghostly voices
Echo along a corridor of tears
Hope - freedom, physical and spiritual.
Years go by - styles change.
Fine ways - inside nothing alters.
A life of mail catalogue clothes
Shapeless - conformity to a system
That will not bend like a willow
But remains like the oak.

Bill Archibald.

Mr. Ian Manning, Executive Director of Riverview Hospital, kindly gave several MPA members copies of the hospital's seclusion policy. The use of seclusion has been a problem for the hospital in obtaining full accreditation. It is also a problem for patients who experience hours or days of solitary confinement.

MPA members have been involved informally in discussion of seclusion with Mr. Manning and other staff on more than one occasion in the Riverview Drop-In Centre.

Perhaps the best help we can offer towards the solution of the seclusion dilemma is to supply what research we can from areas where seclusion isn't used, and to supply the comments of ex-Riverview patients on what they think of seclusion generally and what they thought of their own experience of being secluded.

Herewith is a copy of Riverview's Seclusion Policy followed by Dave Beamish's critique of this policy:

SECLUSION OF PATIENTS

PURPOSE:

To modify the patient's environment and to provide a safe area for the patient.

USE OF SECLUSION:

1. To set limits on behavior.
2. To provide the patient with a less stimulating environment.
3. To provide an area in which the patient can be assisted in dealing with extreme agitation.
4. To provide an area where aggressive behavior will not be imposed on others.
5. To assist the patient in regaining control of his/her behavior.

N.B.

- (1) Orders for seclusion must be obtained from the Resident Doctor or Duty Doctor.
- (2) Order must be renewed every 24 hours.
- (3) In emergency situations, the Nurse in Charge may seclude a patient until such time as the doctor in charge or Duty Doctor is located.
- (4) Notify Nursing Supervisor of the seclusion of patient.
- (5) Suicidal patients on Special Attention go on Constant Attention when secluded.

PROCEDURE:

1. Explain the reason for seclusion to the patient.
2. Request of the patient that he/she go to the room with staff (if the patient has enough control at this time).
3. The patient is to be put into seclusion with assistance of other staff members only if necessary.

4. Convey positive attitudes towards the patient, both verbally and non-verbally (non-punitive).
5. If possible, explain "time" limits and expectations for therapy.
6. Remove shoes, belts, matches, and all sharp objects, e.g. nail files, scissors, pins. List articles, tag and store in safe place.
7. Assess each situation as to whether bed and linen and other furnishings are to be left in or removed for safety measures. This also must be done regarding the type of clothing the patient is wearing. (A strong blanket and a simple gown may be necessary if other articles are removed.)
8. Check patient every 15 minutes.
9. Hygiene and toileting e.g. bathing, care of mouth, etc. must be provided in the immediate area or the patient must be taken out to the washroom facilities at least q. 2 hourly, except during hours of sleep.
10. Carry out any treatment procedures as ordered.
11. Encourage the patient to take adequate amounts of fluid and the diet as ordered. Use disposable dishes if patient is self-destructive or if apt to harm others.
12. Keep communication open between patient and staff.

Record at the end of each eight hour shift:

1. Patient's behavior prior to seclusion (the reason for seclusion).
2. Doctor's order for seclusion.
3. That the patient is being checked q. 15 minutes.
4. Behavior manifested in seclusion.
5. If p.r.n. medication was used and the effect of same.
6. Appetite, fluid intake, elimination.
7. Nursing care - e.g., mouth care, treatments.
8. Time removed from seclusion.
9. Effect of seclusion, e.g. behavior following seclusion, patient's attitude and remarks.
10. Bring Nursing Care Plan up to date.
11. All Seclusions on the 24 hr. Nursing Report.

Seclusion with Door Open: (QUIET AREA)

1. Set limits agreeable to both patient and staff.
2. Set time limit and adhere to this.
3. Use nursing judgment regarding what measures are used to make the area safe. Assess the patient's needs.

DAVE LOOKS AT SECLUSION

The following is a brief account of the Riverview Project's involvement with hospital policy regarding the seclusion of patients and a short criticism with suggestions for improvements which could be used by interested members as a starting point for discussion of this policy and future action.

I've covered the policy in point form and to avoid repetition, the policy itself should be examined along with the comments.

Sometime in late March or early April project workers discussed approaching hospital administration to either change hospital policy regarding seclusion of patients or make it work more effectively and fairly from the patient's point of view. (See May "Nutshell" - "Vertigo"). The matter was to be discussed at the tentatively scheduled meeting on Allegation of Patient Abuse. That meeting finally was held June 8, but did not deal with seclusion or the subject of a possible "Patients' Council" which was also to be discussed.

The "Patients' Council" matter will no doubt come to a meeting at some future date, but seclusion policy will die as an issue if we do not pursue it.

Please refer now to the Riverview Policy statement: PURPOSE: If a safe area is needed for a patient and his/her environment is to be modified, what's wrong with using the dormitory or an unlocked side room, especially if knock-out medication has been administered as it usually is when a person is overly aggressive or agitated.

USE OF SECLUSION:

1. Other ways might be found to limit behaviour. For example, peer group pressure such as is exercised at MPA is never employed at Riverview. My belief is that if staff got to know their patients better and had more understanding of how to relate to people as people rather than people as patients, many upsetting incidents which lead to seclusion could be defused or avoided altogether.
2. Same as for "Purpose".

3. The major assistance dealing with agitation locking the door on the patient. Notice that in the policy we are talking about "agitation" and "aggressive behaviour", not anger, grief or other feelings that lead to upset.

In this item as in others to follow, lip-service is paid to a caring interaction between staff and patient. Obviously if this interaction is to become reality, administration, unit supervisors, doctors and charge nurses must insist that the spirit of the policy (whether it exists) and the letter be fully implemented.

4. Probably the only foolproof item in the policy.

5. This item is about the same as item 3 in terms of assistance. In order to do something well one needs to know what to do and how to do it. I think that the ability of staff to assist patients and deal with them in crisis situations should be rigorously assessed on an on-going basis. Training programmes should be available and mandatory for all treatment staff regardless of job status.

On-the-job training of less effective staff by more effective staff, regardless of job status, should be implemented. Where no staff are effective in certain skill areas (probably often the case) competent outsiders should be brought in to teach them.

The main reason that why by-ward care at Riverview Hospital does not improve is that hospital administration are most often unwilling to introduce major changes in attitude and policy.

Another area for scrutiny by everyone concerned with mental health care and facilities is the quality of education of mental health professionals, especially psychiatric nurses. Quality, motives, attitudes, abilities, experience, individuals accepted training should be the primary consideration, with academic credentials taking second place. It is a standing joke among some patients that housekeeping and kitchen staff are often more "therapeutic" for patients than the treatment team.

PROCEDURE:

1. Explanation of the reason for seclusion doesn't often happen, or is inadequate, or happens after release from seclusion.
2. Whether or not the patient has "enough control at this time" is a very subjective judgment and in situations where anger and aggression are involved, often has more to do with fear of the patient by staff than with the patient's control. In this kind of situation the request that a patient accompany staff to seclusion is usually not made, even as a formality.
3. This necessity is obviously questionable if no attempt has been made to talk the person into seclusion.
4. Not only are staff attitudes often punitive but this punitive attitude persists toward the patient after his/her release from seclusion. As the patient rarely has any power over his/her seclusion or its duration, the whole process is a punitive one in keeping with a good deal of overall hospital attitudes which are punitive and custodial. Riverview Hospital is still rooted philosophically in the 18th and 19th centuries. Only some outward trappings have been improved to guard against the sensibilities of a rising public awareness.
- If mental patients are truly ill and hospitalized because of their illness then behaviour manifested as a result of that illness should be regarded by treatment staff as symptomatic rather than vindictive or "bad". Of course, not all behaviour will fall into this category. However, if one is in the business of caring for mental patients, the Golden Rule is a more appropriate maxim than "spare the rod and spoil the child".
5. Time limits of seclusion are usually indefinite and expectations for therapy rarely exceed "settling down".
6. & 7. Is it really necessary in every case for furniture to be removed, and replaced with a mattress on the floor, for cigarettes to be forbidden and access to washroom facilities so painfully slow that patients must bang on the door to attract attention? Why are visitors refused, if not for punishment? Would they upset the patient? Would the patient upset them? Attack them?
8. 15 minute checks are inconsistent, varying from ward to ward, and as circumstances dictate, no doubt.
12. "Keep communication open between patient and staff". This is a farce. If real communication exist-

ed, even at a minimal level, there would be no need for siderooms.

RECORDING:

1, 4, 8, 9. If behaviour at 1 was real, 4 will exacerbate it, thus prolonging seclusion - eventually leading to a realization by the patient that masking feelings will lead to 8. If the patient is wise (and most are) the attitudes and remarks noted at 9 will be non-offensive and very dishonest. This game is played in collusion (collusion?) with staff in all levels of treatment. The "winner" is discharged from hospital a loser. The other losers eventually catch on, become winners, and are discharged losers. The staff win or lose depending on their commitment to caring.

SECLUSION WITH DOOR OPEN:

If the use of seclusion is to continue, this is the only valid form. Note that both patient and staff set limits.

The above observations, irrelevancies, etc. do not apply to all treatment staff or all wards. Some staff are able to make contracts with their patients regarding use of seclusion. Some staff rarely use it. Some staff are aware of their responsibility in secluding a patient and are sure to release that patient from seclusion personally to minimize bad feeling. Some staff were interested enough in seclusion policy to discuss it with us. They were few. Some staff would have discussed policy if they could have obtained their boss's permission. They couldn't.

As seclusion is a policy which potentially affects every patient admitted to Riverview Hospital, every patient admitted should have its use explained. An understanding that seclusion is used for specific reasons to help the patient and then only when deemed absolutely necessary after all other attempts to help have failed would ease the situation for everyone.

Unfortunately it is a caring staff attitude which makes or breaks the whole process. That and a willingness to allow the patient to participate in his/her own treatment as someone other than an object to be treated. However, an insistence by administration that fair treatment be accorded patients in all circumstances would greatly improve the patient's lot.

Dave Beamish.



IS SECLUSION COMPATIBLE WITH HUMAN DIGNITY? DOES SECLUSION WORK AGAINST THE ESTABLISHMENT OF A TRUSTING THERAPEUTIC RELATIONSHIP BETWEEN PATIENT AND NURSE? ARE THERE WORKABLE ALTERNATIVES TO SECLUSION?

The use of seclusion reflects the training of mental hospital staff. If staff members are inadequately trained to be capable of giving only custodial care, seclusion will be seen as a regular form of treatment.

If nurses are trained sufficiently to be observant, to anticipate behaviour and deal with it before the patient becomes hostile, paranoid, or aggressive then seclusion is unnecessary.

Medication is sometimes essential when a patient's behaviour is building up, but the use of seclusion as practised at Riverview can only have a detrimental effect on the patient, giving him a view of staff not as healers but as jailers, or "the enemy".

A former Riverview psychiatric nurse told us that training in psychiatric nur-

sing is obviously inadequate here, and nursing students short-changed in the amount and quality of their instruction and continuing education - with both nurses and patients the losers.

In Britain where he received his training he told us that you have to have at least 4 years of general and psychiatric training. Then you must work as a staff nurse for about 2 years to get experience before you can become a charge nurse. After that you must work for at least 2 years, and usually more, as a charge nurse before you can apply to a university as a general tutor in nursing, (a registered nurse tutor), and only then can you teach. Consequently students are taught by nurses who are thoroughly experienced both academically and practically.

After training by these highly qualified people, the student nurse goes into hospital situations where there are on-going training programs by qualified nurses and qualified psychiatrists. Such hospital situations, he said, are stimulating and exciting.

I would rather have a free bottle in front of me Than a pre-frontal lobotomy.



PATIENTS PERSPECTIVE

Our informant recalled that after 3 years training he felt he'd only begun to learn. He considered that his charge nurses and clinical supervisors in 4 different hospital settings were extraordinarily competent and experienced people from whom he could gain a good deal of knowledge. Generally speaking, he saw none of this in Riverview - nor any stimulus to continue learning - which he feels is why so many bright nurses leave. Even 23 years ago when he started his training he never ran across any hospital situation as lacking in this respect as Riverview.

The geographical setting within Riverview is another problem. The partitioning within the wards helps to prevent an adequate amount of observation which he sees as of paramount importance. He agrees with us - and many others - that probably the best solution is to knock it down. The generally custodial training of staff further aggravates an antitherapeutic environment.

Riverview is frequently seen as a "secondary referral" institution: a place where patients are sent from other psychiatric units because these units haven't got the manpower to subdue them. Which prompts the question - is this then the "therapeutic" value of Riverview? A place with enough manpower to subdue patients? This doesn't say much for the state of the healing arts in B.C., either in Riverview or in the psychiatric units who refer patients there.

We asked our informant to express his thoughts on a more ideal hospital situation which would help patients get better, instead of teaching them to conform to staff expectations/to "play the game" in order to get out (and come in again at the rate of 60% per year).

He described one well-remembered working situation in which a geographical area or ward was divided into 3 sections.

One section contained a games room, a dining area, and a dormitory of about 12 to 15 beds. This section was frequently locked from the rest of the ward and could be termed intensive care. It had no separate nursing station since all the nurses (about 5 nurses to 15 patients) were on the

ward with the patients at all times.

The second section contained another partitioned dormitory, a nursing station (with one and only one person on duty there at all times), a day room/group therapy room, quiet rooms, etc., all unlocked.

In this ward situation by the way, seclusion to a solitary, locked room was unknown.

The third section was an area of private bedrooms. A new patient being admitted to this ward was observed and assessed by staff experienced in observation. On the basis of the assessment he was assigned to the section of the ward most appropriate to his condition. He would not necessarily lose his clothes or have any grounds or other privileges curtailed. In fact he might go directly to the third step of progression to a private bedroom with full privileges, because proper assessment can very quickly determine whether or not a person needs to be in pyjamas or needs a quiet area, little stimulus and special attention. A further distinction was made on the basis of the patient's condition. He would not be placed in close/adjacent contact with patients whose condition or behaviour aggravated his own symptoms.

The geographical layout of the total situation lent itself to maximum observation and interaction, with progression from stage to stage as the patient progressed towards recovery.

This model differs considerably from local situations where a single geographical area, pyjamas and no privileges seem to be a matter of tradition for all newly admitted patients. Privileges become an earned advantage through passage of time and the patient's effort, rather than the inalienable right of all patients who don't require special attention.

We talked with a woman (5'6", 105 lbs.) who was transferred from VGH, after 2 days in Emergency, to Crease West 3. She arrived at Crease as she recalls in late afternoon, was put in seclusion (locked door) and remained there all night. During that time she said that she periodically banged on the door and called out to be taken to the bathroom.

In the absence of access to toilet facilities she recalls that she had to both urinate and defecate on the floor.

She described being "upset and scared" and "didn't know what to think" about seclusion. The worst part of her 3 week stay on West 3 was "being locked up like an animal in a cage" that first night.

She doesn't recall anyone coming to see her although someone may have looked at her through the window. She doesn't remember the door being opened at all during her evening/overnight stay. She afterwards asked why she was put in seclusion but doesn't recall receiving an answer.

She said that perhaps a quiet place may have been justified, but not a locked room with only a mattress on the floor and no toilet facilities.

This slight middle-aged woman, who has worked hard throughout her working life with difficult people while raising 3 children, is not a violent, aggressive person requiring solitary confinement. She has never before been subjected to seclusion. Her previous hospitalizations at Health Sciences Hospital did not result in her segregation from others.

Anyone with exaggerated mood swings can be upsetting on a ward - but a patient of this type is also upset herself, and can be greatly helped by staff who will spend time calming her down, and reassuring her. Putting her in a side room only served to drive a wedge between her and the staff.

Another person with whom we talked about seclusion is a tall heavily built middle-aged man. We have known him for 3 or 4 years and appreciate his sense of humor. We have never known him to be violent, aggressive, or even threatening although his very size could be seen as a threat by staff who don't know him. He too was put in seclusion at Riverview, but only for a few hours. He has no complaints about his experience. Again, as Dave Beamish points out, much depends on the staff on duty at the time, and how they handle patients who are upset or becoming upset. When seclusion rooms are not available, as at Health Sciences, St. Pauls, etc. the

staff resort to methods such as putting an upset patient in his bedroom or some other environment with little stimuli, giving a tranquillizer, and spending time with the person. When these steps are taken, solitary confinement isn't necessary.

Another young woman who was in seclusion for a day and a half in 1974 doesn't recall the circumstances which led up to her seclusion but vividly remembers the feelings the experience provoked at a time when she was very delusional and hallucinating - but also acutely aware of her environment.

She recalls that she had grounds privileges and her own clothes before she was secluded, and feels she may have been locked up because she left the grounds and started to head for Vancouver at the insistence of "voices" before being returned by security guards.

She described herself as passive, not aggressive, during this period, and another person verified this impression of her.

In seclusion she was terrified. She thought the window in the door was a device to shut off the oxygen in the room. She decided she was in hell and that the white mattress on the floor was a coffin.

Her delusion shifted from Hades to a cell in a concentration camp. She assumed she was to be shot so she stripped off her clothing and raised her arms.

She thought the food brought to her was poisoned and the tomato juice on her tray blood. We asked her why she didn't convey her feelings to the staff and she said that she told them nothing. She felt they were cold and distant, and angry at her because she had been in Crease before and should have been "cured". In any case no-one asked her how she was feeling; nobody came in; nobody comforted her or tried to help her with the terror she was experiencing. She was released from seclusion in the morning.

Now, 3 years later, she looks back on this time as the horrifyingly low point of her madness - an experience which causes her to dread returning to Riverview should she ever suffer another psychotic episode.

Jackie



ROSEMARY'S FIGHT FOR THE VRB

Since the introduction of Bill 65, legislation to abolish the Vancouver Resources Board, MPA and many other community groups have been fighting together in an effort to stop the passing of the bill. MPA members attended a rally at City Hall, helped to sponsor a march to the Orpheum, and collected 3000 signatures on a "Save the VRB" petition. Bill 65 became a primary concern of our organization as many of our members were self-benefiting from the services of community boards.

When it seemed there was little response to demonstrations and rallies against

Bill 65, several groups requested help from their MLA's. Rosemary Brown, MLA for Vancouver Burrard decided she would speak against the bill and in support of the VRB for as long as she was able. And she did. On September 23rd, four members of MPA went to Victoria to support Ms. Brown, who has so often supported MPA. An effort to give her a few moments of rest was thwarted. At 12:33 p.m. she was forced by exhaustion to bring her filibuster to a halt. MPA members were at least present to applaud her as she announced she was ending her 4 day speech. During her speech that day she said it

was clear that the VRB had been tried at "the Social Credit bar of justice" and had been found guilty. Guilty of honesty and openness, guilty of compassion and care, guilty of accountability and integrity. Most of all the VRB has been found guilty of placing control of decisions over people's lives in their hands. For a short while, people had power and this is a crime at the bar of the Social Credit Government. For this the VRB has been sentenced to death," she said.

In Rosemary Brown's attempt to represent the feelings of the people of Vancouver she was scoffed by members of the opposition.

While she spoke knowledgeably about the problems of unemployment and poverty in B.C. she was referred to as "the wealthy lady from Point Grey". What became apparent was that no-one really cared that she was acting on behalf of the public. Contrary to the opinion of several MLA's who accused Rosemary Brown of wasting the taxpayer's money, her filibuster proved something much more than her dedication to saving the Vancouver Resources Board. What Rosemary Brown demonstrated so well was the government's flagrant disregard for public opinion.

Bonnie Martin.

A NIGHT OUT

with Judy Clements

HI! This column is designed to provide information about the different kinds of inexpensive, let's face it, dirt cheap, entertainment around the city - most specifically around Kitsilano. I have not included in this column all the places I have checked out. They may be included in the next issue. And, if you know of any 'high' spots with low prices, leave the names with Jane in the MPA office, and I'll check them out as well.

Before we get into the 'heavy' stuff, I'd like to suggest that you pick up a free copy of the Herald and Times (738-1371) weekly news paper. It lists the weekly activities on this side of town.

For 'flick freaks', the Hollywood Theatre is an obvious cheapy. For \$2 you can see two films. At that price you can't lose. And next to the theatre 'voila!'

we have the Pub! So if you decide to make a night of it the night could run on the expensive side - that depends of course on your taste for beer!

Now if you're into meaningful cinema, the Cinematheque Pacific at 1155 West Georgia is an excellent bargain. The last time I checked it cost only \$1.50, Wednesday through Saturday evenings. And there isn't a pub around for miles!

So you want to boogie? It seems like Starvin Marvin's is fairly sound. Facts: - no cover charge, 40c beer/mugs and jugs, hard liquor for the heavies, live bands, and fast foods. It's open nightly. The crowd is mixed. It's a good, noisy time I hear. But this is one place I haven't been to, so you'll have to judge for yourselves.

And next, in no important order at all, comes an even-

ing at the Hot Jazz Club. The club is decorated in 'modern welfare' and features a variety of dixieland groups - fortunately. The night I was there the band spent the entire evening trying to find the tune - any tune! There is a bar where beer and hard liquor are reasonable, and a dance floor that is a friendly size - the larger the crowd the friendlier it gets. You can feel comfortable alone, as a couple, or with a group. People mix well. In fact I think the people make the place. You must be a member or the guest of a member to get in. Memberships cost \$2.50 and the admission Thurs. Fri. and Saturday is also \$2.50. Wed. nights are free to members.

So stash your problems away in a closet for the night and move out to this club. It's fun! But check out the band first.

Here's a freebee worth looking into: Kits House. It's just a short stroll from the MPA drop-in. During the year, a variety of programs and activities are offered there. As I recollect there's been a photography course, vaudeville nights, square dances, and theatre and dance classes. Get a calendar of events and look it over. A Wednesday night at Kits House helps break up the monotony of the week.

And last, but not least by any push of the pen is the Van. East Cultural Centre. It's not only out of Kitsilano, it's also out of sight! I'm not going to say any more about it this time - it's a teaser! Here's the number - 254-9758. Check it out. Do some of your own research if the word culture has any appeal for you at all.

And so, bonsoir until next time!

bruce mills on

alternatives

to psychiatry

to hospitals

to banning

Did you know that psychotherapy has a 20% rate of success? That 80 out of 100 people who go to a shrink for help don't get it? Imagine heart surgeons with figures like that. Or auto mechanics. You'd be certain to see them going quickly out of business. But, there is just something about psychiatry - something so awesome and mysterious - which prevents us from looking at it as closely as we look at the guys who work on our cars. And a head is a hell of a lot more important than a Volvo...

Anyway, I began thinking about the MPA as an alternative to psychiatry. We DO have a residence program, and we DO have a drop-in center, and we DO offer counseling to people in trouble, and we DO help people, although there is no proof of the latter, except what people tell us. We do not provide any kinds of recognized 'therapies', although the ethics of self-help and participatory democracy are supposedly conducive to rehabilitation. Whatever, we can't be doing WORSE than the shrinks, more likely we're doing BETTER by a long shot. So we just might step back, and say seriously to one another, "Let's REALLY get this place together, and let's REALLY provide an alternative to psychiatry."

This would mean, depending upon the expansive experience and backgrounds of the members of MPA, taking the directions to develop 'therapies' or directions, for people who come to us in trouble. And depending upon what people saw their particular problems as being, and people recognizing their 'problems in living', which is what I like to replace for that amicable phrase, 'mental illness', we would be capable of helping people whatever their difficulties. It would mean drawing involvement out of our HUMAN RESOURCES in an effort to provide systems for helping people, and strong ones built on the input of people's experience.

All that I'm trying to get across is this: the

hospitals don't work. And because people's needs are not being met by the traditional systems, they are turning to other places for help. We are one of the other places. I DO NOT believe that MPA should become a 'therapy camp' or one of those 'hip-clinics' that you read about in 'Psychology Today'. But I do believe that the help should be here. Even if just one person needs it.

So. Primarily, I feel that we should get together the resources to deal with people's problems, whatever their degree.

Something in our metabolism is doing people good. Be it the way the sun shines in our windows, or the way we DO care about people. Whatever it is, we have got to provide the reasons why we help people. We have got to get the figures together to attain the viability necessary to attain the respect and the people and the money. We need to prove that what we do IS good for people. Until we do, we bear about as much clout as a soap-eating contest.

The day when we can stand up in front of 2000 shrinks and say that our rate of helping people is better than theirs, is the day that the syndrome of needing a professional to solve problems will be no more. And for as long as troubled people continue to hand their problems over to professionals, the professionals are going to be around, and even with the grossest incompetence, and failure upon failure to meet our needs, they will become the greatest source of power ever. Great answer factories. The sooner we all understand that we, amongst ourselves, possess the potential to solve and handle our own problems, the better. Because inside all of us non-professional human beings exists the greatest source for meeting our own needs: true knowledge gained through experience.

But then, we all know that.

So, along with developing our resources to help people with a wide scope of diffic-

ulties, I feel, secondly, that we should analyze our methods, and provide people with figures substantiating our success doing so.

We are an alternative to psychiatry, for we are different than psychiatry. Fine. Where the psychiatrist regards behavior as inappropriate to a series of social circumstances, we regard the same behavior as characteristic to a set of oppressive social circumstances. The shrink is not usually aware that any oppression is in existence in the first place, so we've got him there. Psychiatry tends to generalize human beings into behavioral genus, whereby every individual who behaves in a certain way, fits into a chapter of a certain textbook. That's too bad. Because, we are all different, and incomparable by our reactions to conditions in society. Textbook psychology can be paralleled with a 'Mr. Fix-it' encyclopedia. There is a method for fixing anything found in the book. The problem being, that my mind is much more difficult to fix than my toilet. And a toilet is a toilet, and always breaks for the same reasons. But not a mind. My point is that if there were a book written completely on me, rather than on people like me, then I would have great trust in letting somebody study the book in order to help me. But there is no such book. And that's like trying to fix a telephone, with a toilet book. Really.

So, thirdly, I am saying that we should maintain our singularity. And avoid categorizing people's problems. Because we are all different, our problems, our needs are all different, therefore the solutions and answers are all different.

My fourth, and final point, if I'm making any points in the first place, is that we should itemize and scrutinize our policies for helping people experiencing crises.

I was motivated to sit and write this article, be-

cause I was extremely set with the use of ban' around the drop-in center. I certainly managed to stray, but I believe that it's all relative.

I can't help but get very when I think about use of banning around MPA. Because banning is an angry measure. I get it because people are being out on the streets to deal with problems which can't handle, even in a safe and familiar atmosphere like the drop-in center. Because, for a self-help group to use banning, would seem to be a 'no-no' method for dealing with problems. I feel that banning somebody, regardless of the reason, is a cop-out from dealing effectively with him, in a directive effort to help him with a problem which motivates destructive behavior in the first place. If we assume that behavior is the surface structure overlying emotional mechanics, then we can't really can not relate to a breakdown, or conflict in these mechanics by dealing simply with the behavior. To analogize, it would be similar to painting a broken clock, when the springs need fixing. I agree, of course, that banning presents an immediate solution to disturbances at the drop-in center. It provides that when a person behaves opposite to what is expected of him, that he must leave, taking his anger with him. So the drop-in center can resume its quietude once again. Comparatively, your alarm clock rings in the morning, and you don't want to hear it, you can turn it under your pillow. Although you can hear it more, it is still ringing and will continue to ring until you push in the button on its back. What you need to do, is to look fully at what we're dealing with this practice. The very last thing a person experiencing crisis needs is isolation and rejection. We don't want his particular set of problems at the drop-in center, or we don't have the resources to deal with them effectively or consistently.

actively, then instead of putting him out alone to find a solution, offer alternatives to our alternatives to psychiatry. It might be a good idea to tell him that if we can't help him, we will help him find a process that will. Be it hospital, or macadamia nuts, part of our responsibility for the TOTAL individual is to get him the help he needs to the best of our ability. But to ban him from perhaps his final home, seems to indicate that we don't really care WHAT happens to him, as long as he isn't here breaking any rules.

We openly and frequently criticize the use of seclusion in psychiatry. Whenever someone displays a part of himself in hospital which shouldn't surface EVER, he's

locked into a seclusion cell. There, in the isolation, and primalness of his nakedness, and madness, his controls are supposed to come mystically down upon his head, and envelop him in the sensibleness of society. Suddenly, he realizes what a silly bun he's been, and decides that in order to get out of the cage, he will control himself to the best of his ability, and just keep all his silliness inside - or at least be silly whenever nobody is looking.

What a lot of nonsense. How can locking somebody into a small room do him any good? It doesn't. But it's a hell of a lot easier than taking him to a quiet place, and putting your arms around him and making him feel secure,

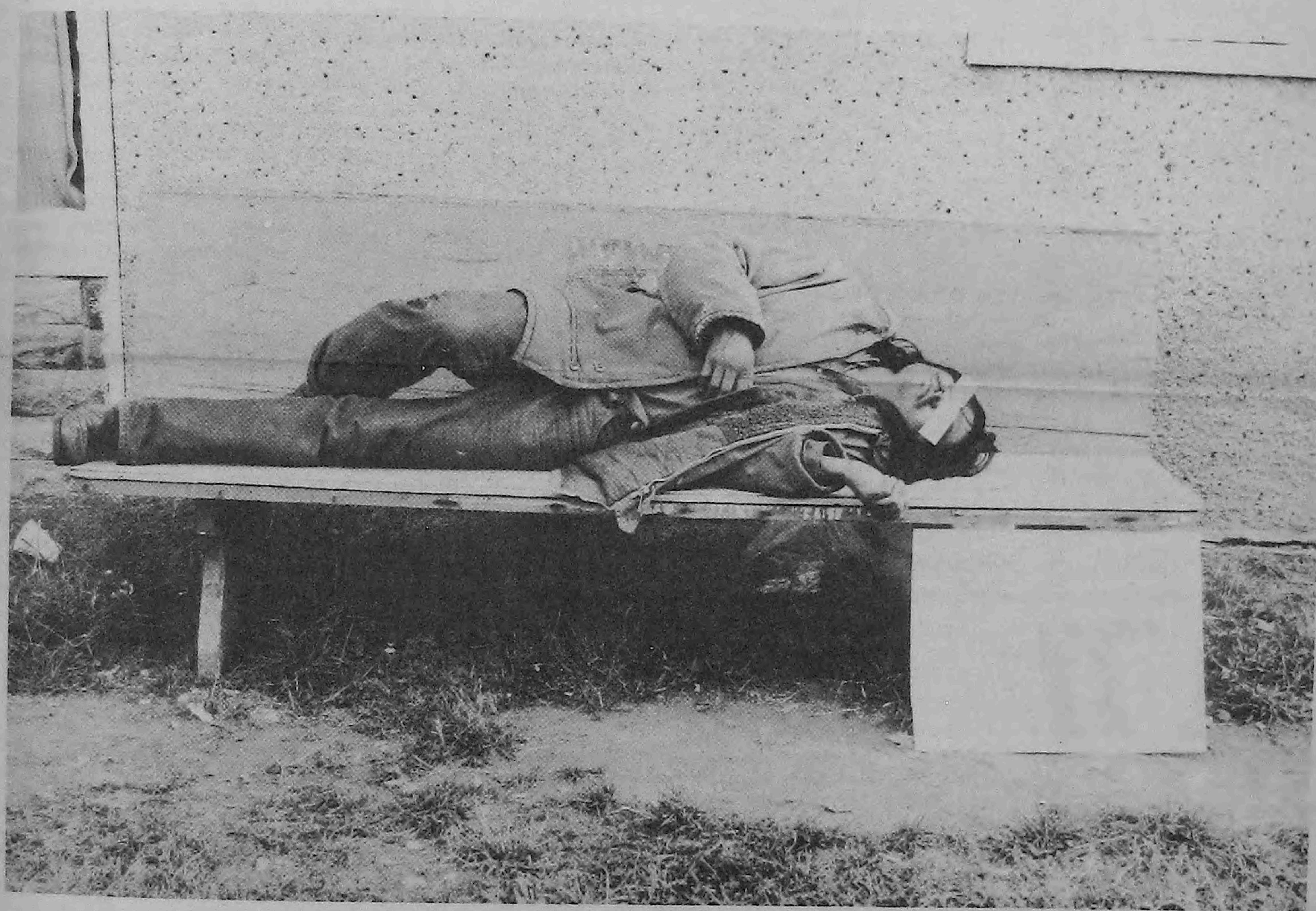
and loved, and free to express himself - to help him find language that can describe his torment. Listen.

We are doing the very same thing as they are. We are isolating people who suddenly can't cope - who can't find their controls - who just can't articulate politely why they're upset. Do we actually believe, that banning them is going to do them any good? What does the process accomplish, if anything? I'll tell you this: I'd really like to talk to people who HAVE been banned, and people who HAVE been in seclusion cells, and find out just what the experience accomplished. It all gets back to fixing the telephone with the toilet book.

Let's be different than the institution. Let's be THE alternative to psychiatry that we say we are. If we first get together the resources essential for dealing effectively with our problems; analyze, and tailor our methods for helping ourselves and each other; provide the proof that we ACTUALLY DO HELP people; and weed out all of the practices which oppose the self-help ethic, then we can develop ourselves to meet all of our needs, answer all of our questions, and wean off our dependence upon the institutions that consume us to make us well.

Remember this. It's better to be able to fix your own toilet, than to pay the plumber \$12 to do it.

- Bruce Mills.



cont. from page 9

The most frequent remark is surprise that the list of "we wants" on our poster is even necessary. Most say that in their country or state the patients rights we have asked for are already law, as basic human rights, except for the right to refuse treatment.

Following a delicious salmon dinner, Norm and Dave finish the last of the liquid medications and bring the car around to take several hundred unserved portions of

the dinner back to the drop-in centre and residences.

Food therapy. Everyone should get it regularly. Many of our people don't. Today's priorities in mental wealth.

Friday's congress closing speeches provide most of the few relevant statements at the conference. A couple of consumers voice concerns. But that's show biz. Delay it till last.

And prepare. "Preventive Mental Health for Children

and Parents" - the theme of the 1979 World Congress for Mental Health, to be held in Athens, Greece.

Several days after the congress ends, the newspapers dutifully report the resolutions passed by the board of directors of WFMH at their meeting following the congress.

The big resolution is one condemning the uses of psychiatry in the Soviet Union. (This resolution is then forwarded to the World Psychiatric Association meeting

in Hawaii).

There is no mention of consumer input into planning and implementation of mental health services. Or self-help. Or anything of relevance. The consumer? Out of sight, out of mind. We are sorry Doctors but that simply isn't good enough. You must try harder. We know you can do it. After all, you've got minds too. You know. But we're losing our patients.

An MPA member.
That's Who.

WEITZ ON RIGHTS

Don Weitz writes us from Ontario. One of the most prolific writers on mental patients' rights in Canada, Don regularly sends us enough material for two or three Nutshells. We admire his productivity and only wish we had many more pages in which to accommodate his ideas. We managed to beat him down to 2 or 3 columns this time.

CIVIL RIGHTS FOR "MENTAL PATIENTS"? ARE YOU CRAZY?

Last March, the Canadian Civil Liberties Association revealed some disturbing findings from a preliminary study on involuntary commitment in Ontario. At least 70% of the committal forms for 200 patients in one year (January, 1972 to May, 1973) were incompetently filled out by doctors, including psychiatrists. Many hadn't bothered to specify the reason/s which had nothing to do with being dangerous (to self and/or others), the only legal grounds for commitment in Ontario and other provinces.

Psychiatrists, however, are notoriously incompetent in assessing or predicting dangerous behavior. It is also a fact that the key concept of "dangerousness" has never been meaningfully or precisely defined in any mental health legislation in Canada and the United States.

The committal clause in Ontario's Mental Health Act, Section 8, is dangerously vague: the key phrase "in the interests of his own

safety or the safety of others"...is followed by the equally ambiguous phrase, "is not suitable for admission as an informal patient" (whatever that means).

Section 13 of Ontario's Mental Health Act authorizes any hospital doctor to commit you for progressively longer periods simply by signing a "certificate of renewal". The first certificate is for 2 months, the second for 3 more months, the third for another 6 months and the fourth and subsequent ones for one year.

The committal sections in other provincial mental health acts are frighteningly similar to Ontario's. In Alberta, one doctor alone can commit you for 24 hours; 2 doctors or a doctor and a therapist can commit you longer. In British Columbia 2 doctors can commit you for 1 year; only 1 doctor can commit you for an "emergency commitment" of 72 hours. In Manitoba, 1 doctor can commit you for 21 days. In New Brunswick, it takes only 1 doctor to commit you for 30 days. In Newfoundland and Nova Scotia, 2 doctors can commit you for 30 days. In

Prince Edward Island 1 doctor can commit you for 30 days. In Quebec, 1 doctor can commit you for 96 hours, then you're supposed to be examined periodically within the first 21 days and the next 3 and 6 months. In Saskatchewan, 2 doctors can commit you for 14 days.

In all provinces, the mental health acts seriously

violate many civil rights of "mental patients". The Ontario Mental Health Act violates at least 11, including due process (the legal right to a public hearing or court trial before incarceration or imprisonment):

- 1) the right to refuse treatment;
- 2) the right to adequate treatment;
- 3) the right to sue the psychiatric facility or any of its physicians or staff for forced treatment, mistreatment or physical abuse;
- 4) the right to be informed of examination for committal;
- 5) the right to be warned that information communicated to a physician during examination for committal is not privileged;
- 6) the right to freedom of speech, including uncensored mail;
- 7) the right to select a psychiatrist of his/her own choice, e.g. independent psychiatric evidence;
- 8) the right to a jury trial to determine the issue of mental disorder or "mental illness" (due process);
- 9) the right to remain free from incarceration in a psychiatric facility in the absence of proof;
- 10) the right to remain unencumbered by a "declaration of incompetency" in the absence of proof, and
- 11) the right to representation by legal counsel at every step of civil committal proceedings.

In addition, mental patients and prisoners are denied the democratic right to vote in provincial and fed-

eral elections.

Patients' rights, particularly mental patients' rights, are not high-priority items in Ontario or any other province. They never were.

What is needed?

- 1) immediate repeal of all mental health acts in Canada - and a special section titled Patients' Rights, or Inmates' Rights;
- 2) total abolition of involuntary commitment, and
- 3) independent, full-scale investigations into institutional psychiatry in every province. Until all "mental hospitals" are abolished, these recommendations will do for starters.

- Revised, and based on original article, "Ex-mental patient says too many are locked up", in Toronto Star, May 6, 1977.

Don Weitz is a former psychiatric inmate and community health worker who lives in Toronto. He's also active in the Mental Patients Liberation Movement and is co-editing an anthology on people's personal experiences as "mental patients" in Canadian psychiatric institutions.



FALL '77 FREE LAW CLASSES

734-1126

Seminar:

"Right to Work" Legislation

October 20: 7:30 - 9:30 pm
Britannia Community Centre Library, 1661 Napier
Instructor: Tom Fox (IWA)

History of Right to Work legislation; moral, economic, and social issues; present push for Right to Work legislation in BC.

Divorce & Matrimonial Law

October 3, 4 & 5: 7:30 - 9:30 pm
Britannia Community Centre Library, 1661 Napier
Instructor: Diana Davidson

Laws relating to marriage and divorce; division of matrimonial property; grounds for divorce; separation agreements; maintenance and child support; custody of children.

Fundamental Freedoms

November 28, 30 & December 1: 7:30 - 9:30 pm
Kitsilano Library, 2425 MacDonald
Instructor: George Curtis

Rights of the individual under law; the BNA Act; Bill of Rights: freedom of speech; equality before law; right to privacy; etc. A look at the US Constitution.

Women & the Law

October 31, November 1 & 2: 7:30 - 9:30 pm
John Oliver School, 530 East 41 Avenue
Instructor: Barb Findlay

Federal and provincial laws relating to women: marriage, credit, employment, property, income tax, and pensions.

Seminar:

Proposed Changes in Family & Children's Law

November 17: 7:30 - 9:30 pm
Fraserview Public Library, 1950 Argyle (54th & Victoria)
Instructor: Allison Burnett

New family and children's legislation expected in 1978 would move away from the concept of protection of children and toward providing children's needs through supportive services to families and children.

Landlord & Tenant Act

October 24, 25 & 26: 7:30 - 9:30 pm
Britannia Community Centre Library, 1661 Napier
Instructor: Allan MacLean

The Landlord & Tenant Act; regulations and interpretations; how to complain to the Rentalsman; tenants' rights and how to enforce them.

Seminar:

Zoning By-Laws

October 27: 7:30 - 9:30 pm
Britannia Community Centre Library, 1661 Napier
Instructor: Bill Lane

Commercial and residential zones and what can be done within each zone; how zoning changes are made; spot zoning; development permits; how to oppose a zoning change.

DIRECTORY INFORMATION

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MPA Drop-In Centre 2146 Yew St. 738-5177
 Riverview MPA Office Local 538 738-1422
 521-1911

MPA Residences

1071 E. 33rd Ave. 873-1929
 1754 W. 11th Ave. 732-8222
 1656 E. 4th Ave. 253-6996
 2805 W. 7th Ave. 733-5733
 2756 W. 10th Ave. 738-5177

Legal Help

Legal Aid Society 195 Alexander 687-1831
 Van. Community Legal Assist. Soc. 872-0271

Drop-In Centres

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

Cheap places to stay

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

Good food, inexpensive

Gladys Snack Bar 4th Ave. nr. Yew
 Minnie Verns 10th Ave. nr. Yew
 (6 a.m. to 3 p.m.)

Hostel beds (Free)

Catholic Charities 150 Robson 683-0281
 Lookout 324 1/2 Powell St. 681-9126
 VRB Night Line (if hostels full) 669-5678
 St. Francis Hotel Cordova &
 Seymour (women/families) 681-1920

Places to eat free

Harbor 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
 Kits House Thurs: Dinner

Free Medical

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

Emergency

Vancouver City only 911
 Fire and Inhalator 34-1234
 Police/Police Ambulance 665-2211
 Ambulance 872-5151

Hospitals

Vancouver General 876-3211
 St. Pauls 682-2344
 Health Sciences, UBC 228-3731
 Riverview 521-1911
 Lions Gate 988-3131

Crisis Lines

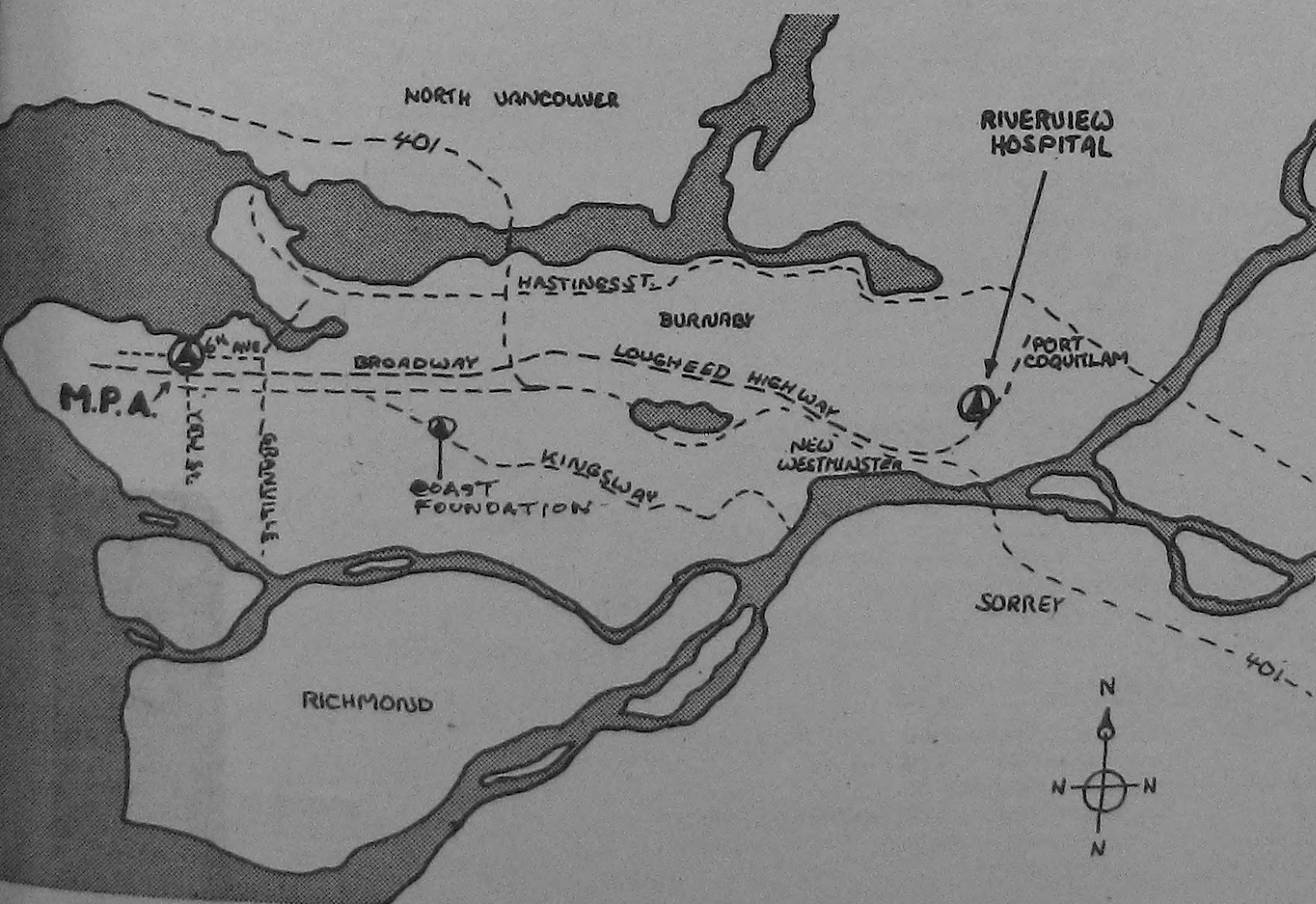
Crisis Centre 733-4111
 Chimo (Richmond) 273-8701
 Lifeline (Coquitlam) 526-4444
 MPA to midnight 738-5177

Free Dental

Vancouver General Hospital
 9 - 12 weekdays 876-3211
 Emergency dental 6 - midn't 874-9848
 Reach 1144 Commercial
 \$2 charge if no medical card 253-1354
 Gordon House 1068 Davie
 Tue. 7-9 p.m. Free/ First
 come first served/ if no
 medical card. 683-2554

Other Useful Services

Family and Youth Counselling
 525 W. 8th 873-6351
 Community Information Centre
 1946 W. Broadway 736-3661



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 75¢ bus pass on Sunday and you can travel on it all day. At other times fare is 35¢ from 10-3 every day and after 7 every night. It's 40¢ other times

NAPA CONFERENCE IN L.A.

After throwing ourselves to the mercy of sleazy motels, hamburgers and fries, questionable seafood, smog, and constipation for four days, we finally pulled into Los Angeles on a Thursday night.

It was Griffith Park, and we were Gretchen, and son Sam, Bruce and Myer, just in time for the 5th Annual Conference on Human Rights and Oppression, hereinafter called FACOHRPO, though I doubt that I'll need to use it again. We walked into a somewhat confusing exchange of ideas from people sitting around 3 big round tables. Oh, there WAS screaming and hollering, but I'm certain that something came out of it all, though I don't know for sure because I was so tired I went to bed and had a dream.

Anyway, it did turn out to be a super conference, at least one of the best that I've ever been to. There was the occurrence of that inevitable thing: somebody asked whether or not we were inmates, or ex-inmates, or patients, or were on drugs, or Whatever, and we had to say that we were not. Remember San Francisco? Well, it could have happened again only it didn't. Gretchen had the courage to tell them all that she, for one was prepared to leave if they didn't want us to stay (though I wasn't ready to leave after 1500 miles of highways) and she drummed up a lot of support from people who decided that they would vote that we be allowed to stay, and we were welcomed from there on. Later in the conference it was also voted after a bit of mudpie ex-

change that MPA be permitted to attend future conferences, that is anyone from MPA who wants to go. So I'm hoping that we will get a lot of input into Philadelphia next year, and send a good showing.

Important things were discussed into very great depths, and very late hours in L.A. We talked about alternatives. And we got right down to basics. We talked about people's rights to do what they want. We talked about suicide. About the importance of people going through 'changes' like depression, though that's the damndest word to use - maybe grief, despair, sadness, or whatever you like is better, and that it's OK if you want to lie in your bed and pull your covers up to your head, and not do anything for a while. That having somebody around to support you when you're feeling down is really important, and that's where the alternatives come into the picture. Because whenever that happens, it's no surprise when you land up in a hospital backwards. And just having somebody who REALLY cares about you but doesn't push you into anything is really good. Support that is strong and dependable. There was a great too-doo, and I felt vomitous if that's a word, about the use of psychosurgery on this continent and around the world. How terrible that somebody might cut out some of my brain, more than terrible. I can't even talk about it without nearly getting sick.

We plan to have an international day of demonstration against psychosurgery on November 5th. And we had our own demonstration at UCLA's gleaming Neuropsychology Hospital, holding signs high that spoke against ECT, hospitals, psychiatry. We even spoke to people from LA press and t.v., though I don't think that the demonstration was really too effective. I must admit, that I went skulking off into Westwood while they were marching and had tunafish in pita bread. I don't think very much of demonstrations, mainly because I've never seen anything much happen as a result of them.

The most important thing that I 'felt' at the conference, was this spiritual thing, this very great mood of togetherness, and sharing like I've never felt before. I know that my soul was moved, along with many others, including Gretchen and Myer. I think that I feel 'changed' somehow, though I don't know where. Gretchen says my face is wider.

The conference ended, and we all swore in blood that we'd see each other next year in Philly, and we said our goodbyes, and held hands and I even kissed a few people, though I don't remember who.

And we made our way back, slept on the beach at Malibu - no tent - camped in a few rather wild campgrounds, passed through the grouches at Customs with our Scotch and cigarettes from duty-free. And I'm happy to say that my bowels have moved, and my wife still loves me.

Bruce Mills.