Dear MPA member,

At the General Meeting of January 8th, a proposal was made by the office committee to gradually turn over all office and research jobs to ex-mental patients. Because of a tie vote, this issue will be rediscussed and voted on at the General Meeting of January 29th. We urge your support in attending this meeting and voting for the proposal.

Ex-mental patients, coordinators, and MPA

MPA was started nearly four years ago by a group of ex-mental patients who were dissatisfied with traditional psychiatric services and eager to form a patient-run alternative. From the beginning, MPA membership has been open to all, with the result that now only about 30% of all coordinators have ever been in mental "hospitals," while the overwhelming majority of MPA members are ex-patients. It is this two-class system that should be changed.

Why "discrimination" at MPA?

It is not discrimination to state that former patients have shared an experience which others have not, but simply a fact. People can sympathize with the problems of women, gays, or ex-mental patients, but unless they are one of the group, they are talking only out of abstract knowledge and not from their own experiences. Non-patients do not face discrimination. Ex-mental patients do, every time we apply for a job or an apartment, and in many other areas of our lives. MPA is supposedly a mental patients' organization, set up to combat this discrimination and to deal with all the other problems ex-patients face. It is not discrimination to limit the role of outsiders within MPA. Movements of blacks, women, gays and native peoples toward their own liberation have insisted on closed membership. As ex-patients banding together, we can do the same. People who claim to be working for "human liberation" insist that there is no difference between ex-patients and others--try explaining that to a potential landlord or employer sometime.

MPA and the mental patients' movement

MPA is not the only organization of former psychiatric inmates. In the U.S., mental patients' liberation groups exist in New York, Boston, San Francisco, Kansas City, Cleveland, and a number of other cities. Two national conferences have been held; a third conference is scheduled for July 1975 in San Francisco. Mental patients' liberation groups also exist in England, France, Scandinavia, and New Zealand. Unlike MPA, most of these groups exist on little or no outside funding. Belonging to one of these organizations means going out on a limb; the members do it because they feel strongly that they have been damaged by psychiatry and want to fight back. Members also support one another through difficult times; everyone in these groups knows how it feels to be bummed out. Mental Patients' Liberation Front in Boston has organized chapters inside local mental "hospitals" and helped patients to put forth demands collectively. Network Against Psychiatric Assault in San Francisco has held demonstrations against shock treatment at the Langley-Porter Neuropsychiatric Institute, and has demanded that the institution be held publicly accountable for administering this form of psychiatric torture. In the future, MPA, benefitting from the liberal funding policies of the Canadian government, could take similar activist stands to better the lives of psychiatric victims. It's time MPA got

back to opposing the continuing expansions of psychiatric power--the community care teams and the new forensic centre, for example.

"Respectability"--who are we kidding?

Many MPA members understandably feel that it is important to put up a good front, and send only our best educated and most "respectable" representatives to meet the public. These are almost always non-patients who do not have the same gut-level distrust of psychiatrists and social workers that the average mental patient/victim does. Even the most articulate ex-patients in MPA have not usually performed this function, and less articulate members haven't been able to gain the necessary skills and confidence. Meanwhile, many members of MPA are unemployed, and more and more MPA jobs are going to outsiders who could find outside jobs.

MPA participates in numberous community organizations, and our opinion is solicited by health and mental health planners. However, these bureaucrats have always listened politely to MPA spokespeople and then gone off and done exactly what they would have done anyway. The Kitsilano Community Care Team, for example, was very little influenced by the now defunct Kitsilano Citizens Committee on Mental Health, despite the literally hundreds of hours many MPA people and other citizens put into trying to guarantee that the team would operate in accordance with local needs. This mini-Riverview in our own neighbourhood is an example of the futility of presenting a "respectable," ineffectual MPA position.

Our anger is the fuel of our movement

Anger is not very respectable, but it is real. A mental patient organization should encourage the constructive anger former psychiatric inmates often feel toward the system that has disrupted our lives and branded us with the stigma of mental illness. Instead, at MPA this anger has not been recognized as a valid political tool, and angry people have usually had nowhere to direct their very real anger but into the senseless violence against one another that has frequently marred MPA. LET'S FIGHT PSYCHIATRY INSTEAD OF EACH OTHER.

Learning to stop putting ourselves down

One of the most overwhelming experiences of being put into a mental institution is the sense of becoming a "non-person," in the eyes of staff, visitors--and ourselves. This continues long after hospitalization, with many ex-patients firmly believing that only people who have never been in mental "hospitals" can be competent and worthwhile. Because most coordinators are not ex-patients, this sense of incompetence is being encouraged within MPA. One of the chief functions of a mental patient organization should be to help one another regain our self-respect. Ex-patients will begin to feel powerful when they see other ex-patients acting strongly and competently (and openly revealing their moments of fear and anxiety). Those ex-patients who have leadership skills can teach their abilities to others. Knowing that ex-patients are writing grant proposals, meeting the public, and performing the many other tasks of office and research coordinators will serve as a constant reminder that we are competent and worthwhile people. WE NEED OUR OWN LEADERS.

Taking responsibility for our own lives

It's time to stop being passive and become active participants in the

running of MPA. It's time we stopped deferring to "experts" who have never lived through our experiences and don't really know what it's like to be stripped of dignity and individuality and be made into mental patients. In "hospital" we had to do what the experts told us, but we don't any longer. If we go on believing that we're inferior, MPA will continue to drift toward becoming just another social service agency. Let's work together to overcome the harm that has been done, and fight the system that's damaged us.

Suppose you're not an ex-patient

If you're really concerned about the harm psychiatry does to its victims, you have a valid reason for being a member of MPA. You know that MPA isn't an employment service for the middle class; it's a movement of oppressed people. You're a member because you support our struggle. We welcome your support.

What we all can do

COME TO THE GENERAL MEETING ON JANUARY 29th, at the Drop-In Centre, 2146 Yew Street, at 7:30 P.M. VOTE TO TURN OVER ALL OFFICE AND RESEARCH JOBS TO FORMER MENTAL PATIENTS.

Sincerely,

Judi Chamberlin
Ted Chabasinski

(The statement by Stan Persky on the following pages was written independently of our statement. When he refers to "Ted and Judi's argument," he is referring to things we have said in the past, and not specifically to the above.)

Who is MPA?

Mental Patients' Liberation, people in trouble, radical therapy group or social workers? Or none of the above?

The argument raised by Ted Chabasinski and Judi Chamberlin fairly consistently over the past few months--that MPA orient itself primarily as a mental patients liberation group--has set me to thinking about who is MPA once again. It has also led me to ask that a proposal we've voted down once--that at least 50% of the people who work at MPA be ex-patients--be reconsidered.

While I disagree with the practical proposal that comes from the mental patients' liberation position as Ted and Judi see it--that all the people who work at MPA be ex-patients--I do agree with the theory that's offered--and also see the real problems within MPA that the mental patients' liberation position is trying to solve.

One of the main advantages of the m.p. liberation position is that it offers a clear definition of who an ex-patient (or a 'mental patient') is: it's someone who's been incarcerated, voluntarily or involuntarily, in a mental hospital. It is not someone who has been seeing an analyst for years, it is not someone who's been to a lot of encounter groups, it's not someone who's served time in jail for possessing dope, it's not someone who has suffered oppression as a homosexual, it's not someone who says, 'I've never been in a mental hospital, but there are lots of times when I've come close to cracking up.' All of these people have experienced real pain and need support, but none of them are mental patients. The definition of mental patient as someone who's been in mental hospital is useful in several ways: (1) it says nothing about the subject of mental illness (whether it exists or if it's just a label); (2) it does say something about how society is organized, and (3) it claims that experience in a mental hospital is a special experience. There may or may not be 'mental illness'; there are mental hospitals and mental patients. There are all kinds of troubles, but being a mental patient in a mental hospital is a special kind of trouble.

MPA is definitely for mental patients. It is a place for mental patients to socialize, to find housing, to work. It is also a place where people organize to get mental patients out of hospital and where people organize politically against how the society produces and treats mental patients.

But is MPA only for mental patients? The answer, in terms of MPA's history, is no. In 1971, when MPA was founded, it was defined as a self-and-mutual help organization for past, former and future mental patients. Membership in MPA has always been open to patients, people going through difficult emotional times, and people interested in helping other people. As an organization that's kept its strength through rigorously maintaining democratic political procedures within the group, jobs in MPA have always been open to everyone. From the beginning, it was recognized that there was a danger that people would run for jobs at MPA who might have the same attitudes as the people MPA was organized against (what is popularly known as 'social worker' or 'ward attendant' ideology), but it was

felt that relying on membership control of hiring would be an adequate safeguard for the organization.

In addition to the kinds of people described above, there is one other current of thought that has always been recognized as legitimate at MPA--although it goes under many names, the most convenient one is the 'radical therapy outlook.' By that, I don't mean some particular kind of therapy, but rather a viewpoint which approaches 'personal' problems by looking for the sources of oppression, exploitation and repression in our society. It happened, by accident in some sense, that the person who started MPA, Lanny Beckman, was at once a mental patient and a person with a radical therapy outlook. But actually, it wasn't an accident at all. At the time Lanny began MPA, the theory of radical therapy was just becoming public and it was through his acquiring that theoretical outlook that he was able to organize MPA. Since Lanny, there have been a number of people at MPA who have shared the radical therapy outlook (most of them have not been ex-patients). Though they have never felt the need to form a group within MPA, they have definitely had an influence on the organization. Generally speaking they have made a positive contribution to MPA (even though they haven't always explained their ideas clearly), and through the political skills they brought with them have earned the respect of most MPA members for helping MPA develop a high degree of organizational cohesiveness. Equally, MPA has helped these people by providing a real situation for them to be in and thus allowing them to avoid the danger which plagues radical therapy groups of becoming merely abstract.

With this said, and with the various legitimate currents of interest within MPA identified, it's possible to approach the problem that Ted and Judi, representing an m.p. liberation perspective, have pointed out. I think two things can be agreed upon as fairly obvious: (1) among the many priorities MPA has, its number one priority is to meet the needs of ex-mental patients, and (2) the number of ex-patients working at MPA has been consistantly under 50% for the last period of time. Since MPA workers are delegated a lot of day-to-day decision-making power by the membership, it is important to insure, as much as humanly possible, that the number one priority of MPA is met by these workers. Though there is no arbitrary formula that can substitute for the consciousness of the membership as a whole, the principle of ex-patient majority control among MPA workers is one step that increases the chances that ex-patients' needs will be met. Obviously, this step doesn't guarantee a solution, but it is a step, and it is an improvement over the present situation.

Therefore, I move that the hiring policy of MPA be that at least 50% of the people working at MPA be ex-mental patients (as defined above).

I think this policy can be implemented while maintaining MPA's democratic principle. Prior to any election within MPA, the election committee would be charged with surveying the present personnel at MPA, and on the basis of that survey, recommending to the membership that the job either be open to: (1) ex-patients only, or (2) anyone. In a more casual way, the principle already applies to the Emergency Action Committee. The job of the various election

committees would be to try to secure a balance of ex-patients working in all the areas of MPA.

Here's an example or two of how this might work. A Drop-In Centre job comes open. The elections committee surveys the personnel at MPA and finds there are eight ex-patients and 13 non-patients working at MPA. On this basis, they recommend to the business meeting that the DIC job be open to an ex-patient only. The business meeting agrees and recommends this to the general meeting and if the general meeting agrees, then the position is open to an ex-patient only.

I'm sure there are dozens of situations that everyone can think of that would require a careful decision depending on the particular case. Here's another example. Say there are two drop-in positions open and the elections committee finds there are ten ex-patients and ten non-patients presently working at MPA. They recommend that one DIC position be open to ex-patients only and that one DIC position be open to everyone. What does this mean to an ex-patient? It means that the ex-patient can run for the position open to ex-patients only, and if he/she doesn't win that election is eligible to run for the position open to everyone. Is this undemocratic? to allow some people to run twice and others to run only once? No. It's not undemocratic because ex-patients have suffered special oppression in the society and MPA simply guarantees that they have every opportunity possible open to them. Some people think democracy is merely a formal rule of equality (this is called 'bourgeois democracy'). But real democracy is a system that takes account of real-life situations (what I call 'people's democracy'). Real democracy especially takes account of the historical circumstances that have brought people to their present conditions and seeks to balance these factors so that there really are equal opportunities.

Eventually, through the process I've outlined, ex-mental patients would be assured of occupying at least half (if not more) of all the positions in all the areas of MPA (DIC, residences, transportation and office).

Please give this proposal your careful consideration. I will be bringing it to the January 29th general meeting.

Stan Persky