

this...

or this

CITIZENS ORGANIZE FOR MENTAL HEALTH

You are invited to a public meeting

JULY 24, 1973

KITS UNITED CHURCH

2nd & LARCH 7:30 pm

**ANYONE WHO HAS NEVER
EXPERIENCED STRESS PUT UP YOUR HAND**

MENTAL HEALTH TEAM COMES TO KITSILANO

Mental health, like physical health, affects everyone. The days of placing mentally ill people in jails are thankfully gone, yet some attitudes and institutions remain which are shameful and, in some cases, barbaric.

What is a mentally ill person?

To answer that, one has to answer: what is mental illness?

Mental illness, in most cases, is *differentness*. To be extremely different from the 'average' is to ensure one's committal in some mental institution, and the laws reflect that fact. The trouble is, interpretation of how different is vague and usually in the hands of people who shouldn't be making such decisions, like police. There should not be laws against mental illness. There should be treatment. There should also be the removal of the causes of mental illness.

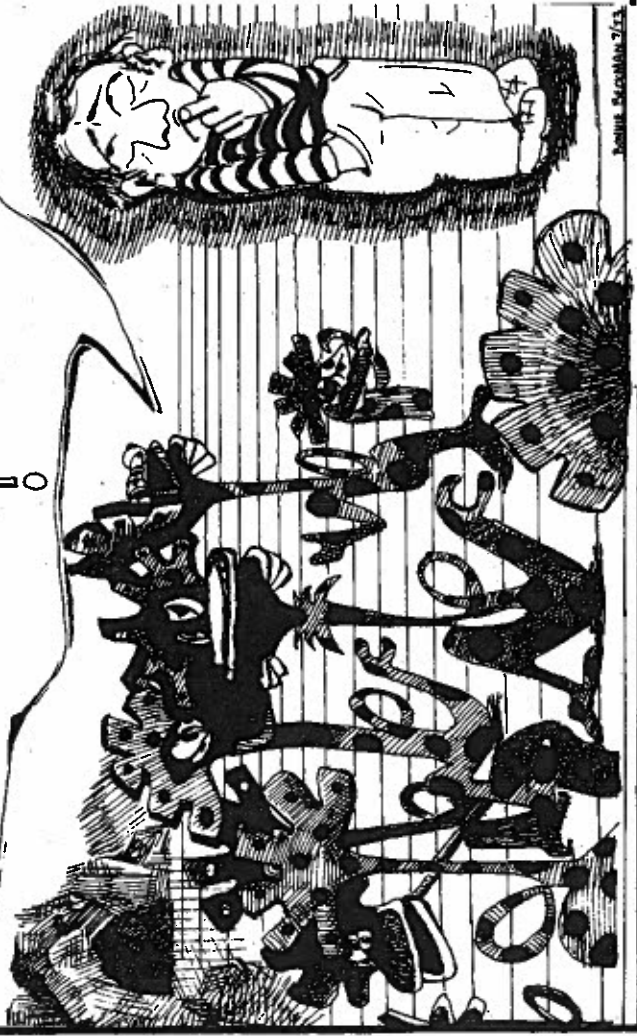
Many people break down because they cannot cope with the pressures imposed upon them by poverty, inflation, family hassles, racial injustice, sexual discrimination.

It essentially boils down to being recognized, to being allowed dignity, and to possessing amenities of life. There are other causes of mental illness, like brain damage; yet, the vast majority of people committed to mental hospitals or given drugs are not 'sick'. Rather, they are socially disabled.

WHAT DOES IT MEAN TO YOU?

ANYONE WHO
 HASN'T
 EXPERIENCED
 STRESS...
 PLEASE HOLD
 UP YOUR HAND

!



The Kitsilano Citizen's Committee was formed to ensure adequate citizen participation in any mental health program conceived for this area. A glance at the accompanying charts will indicate that high-level decisions involving millions of dollars are being made by medical-professional personnel who, while their hearts may be in the right place, require our suggestions to make this program really successful.

This means YOUR involvement on the Citizen's Committee, which has been active for some months now, meeting with administrative personnel, forming budgets, holding public meetings.

What type of mental health team do we want in Kitsilano?

We want one that is responsive to the needs of the community, knowledgeable in the problems and resources to be found here.

This means people with a different approach to the field of mental health. It means people willing to cooperate and function with citizen guidance; people willing to recognize that living conditions play a large role in making people unstable.

In other words, we want a special kind of person unfettered by the old methods, willing to try new ones to meet new problems.

We want to keep people out of hospital. We want to provide alternatives to Riverview.

Mental illness, you know, is not some weird disease. It is what happens to people, to anyone, when the pressures get a little too hard to take. It therefore involves you.

Join the Citizen's Committee and do something about it.

THIS IS THE WAY WE'D LIKE TO SEE TH

The following policy guidelines were adopted by the Kitsilano Citizen's Committee at their meeting on June 5, 1973.

A. Preamble

The Citizen's Committee of the Greater Vancouver Mental Health Project in Kitsilano was formed, in part, to ensure adequate nonprofessional citizen involvement in the broad program being formulated. It had become clear, by fall of 1972, that a major restructuring of the mental health program was being enacted on the basis of a report written by Dr. John Cumming for the new NDP government. This, in concert with proposed changes in the provincial Mental Health Act suggested a radical departure from former practice. The idea, clearly, was to extend treatment into the very homes of the citizenry.

While this has potentially positive characteristics, many citizens in Kitsilano felt the need for further information. It was believed by some that, because of their past experiences with the mental health establishment, this plan was a further encroachment on their daily lives without necessarily benefiting, nor more importantly, being

controlled by them. Investigative research conducted in the main by the Mental Patients' Association supported the contention that a far-reaching bureaucracy had already been set up, making any forthcoming 'citizen participation' rather meaningless, and quite obviously providing the stamp of approval required by this politically sensitive program.

While this may be true, the citizens of Kitsilano expressed, in a number of well-attended and broadly representative meetings, their desire to at least get a foot in the door. This Citizen's Committee and its related documents are results of the expressed desire of residents in this community to have a large say, if not control, in the mental health program affecting them.

B. Treatment Principles

The total membership of the team as it is presently conceived by the Coordinating Committee is 'professional'. It is not an exaggeration to state that many individuals who have been through the large public mental health system distrust professionals. This is due in part to treatment methods, in part to gen-

eral attitudes of nurses and doctors, and in part to the whole fabric of mental health philosophy guiding the program. In any case, many former patients, as well as other interested citizens, want a say in the program; more importantly, they expect better and more humane treatment when in need. The dignity of the person seeking help should be the paramount concern of the Team. The following principles can serve as a guide to the type of treatment expected:

(i) People should be treated with respect as the individuals they are and not solely on the basis of arbitrary classification;

(ii) As many of the problems confronting the Team include physical, emotional and intellectual elements sensitive individuals are needed who can adapt to their patients, as opposed to forcing their ideas to adapt to them or their ideas of what is normal;

(iii) It must be recognized that an essential element of any 'treatment' is the subjective bond formed between the person seeking help and the Team member;

(iv) Occupational therapy is valuable if it teaches the person a useful skill. It is a waste of ev-

OBJECT RUN ...

's time to attempt to evaluate person's ability by grading interest in making wallets;

In the case of 'freaking intensive efforts must be by staff and volunteers to he person deal with the shame feels at freaking out. He/ st be helped to deal with the experienced at the thought eaking out again (by recog- the relevant physical symp- and dealing with them con- ily, etc.);

.) People coming for help must :ouraged and aided to take up reads of their life again and btribute to the community in a ngful way;

ii) Drug therapy should be to an absolute minimum, for often it has been used as a i of keeping the person quiet pposed to functionally helping er. If a person is depressed, is usually good reason for uch as unemployment and pover- amily hassles, etc.;

iii) Embodied in (vii) above he recognition that humane tment' on an individual basis o substitute for widespread il reform at every level;

(x) It should be obvious that

ongoing consultation and coopera- tion among staff and people seeking help is a necessary prerequisite to a successful and meaningful pro- gram. Grievances should be dealt with democratically, either through an advisory executive and then to a general meeting of staff and recip- ients, or through some other mech- anism jointly determined;

(x) It is felt that constant follow-up work is important, not only from the point of view of funding, but for the general inter- est and morale of all participants.

C. Team Objectives

Generally, the objectives of the Team are to provide better health care for those who want it. Specifically:

(i) To treat in the community people who would ordinarily require hospitalization, and to shorten hospital stays of those who require in-patient care;

(ii) To provide alternatives to rehospitalization of those recently discharged from hospital;

(iii) To provide an organiza- tional base for a variety of com- munity mental health programs for all ages and for the necessary pre- planning of these programs;

(iv) To assist other agencies, community groups and associated personnel to deliver better care to the mentally disabled.

While these are the prescribed objectives of the Team, it is obvious that without community support there is very little chance of real success. Therefore, it is fur- ther suggested that:

(v) The Team work in partnership with community representatives in order to ensure that it is respon- sive to community needs and that community resources are used to best advantage; and

(vi) Citizens be encouraged to participate in all phases of the Team's work, including planning of services, evaluation, and direct service to the people. (In this re- gard, it is anticipated that some citizens will become paid members of the Team.)

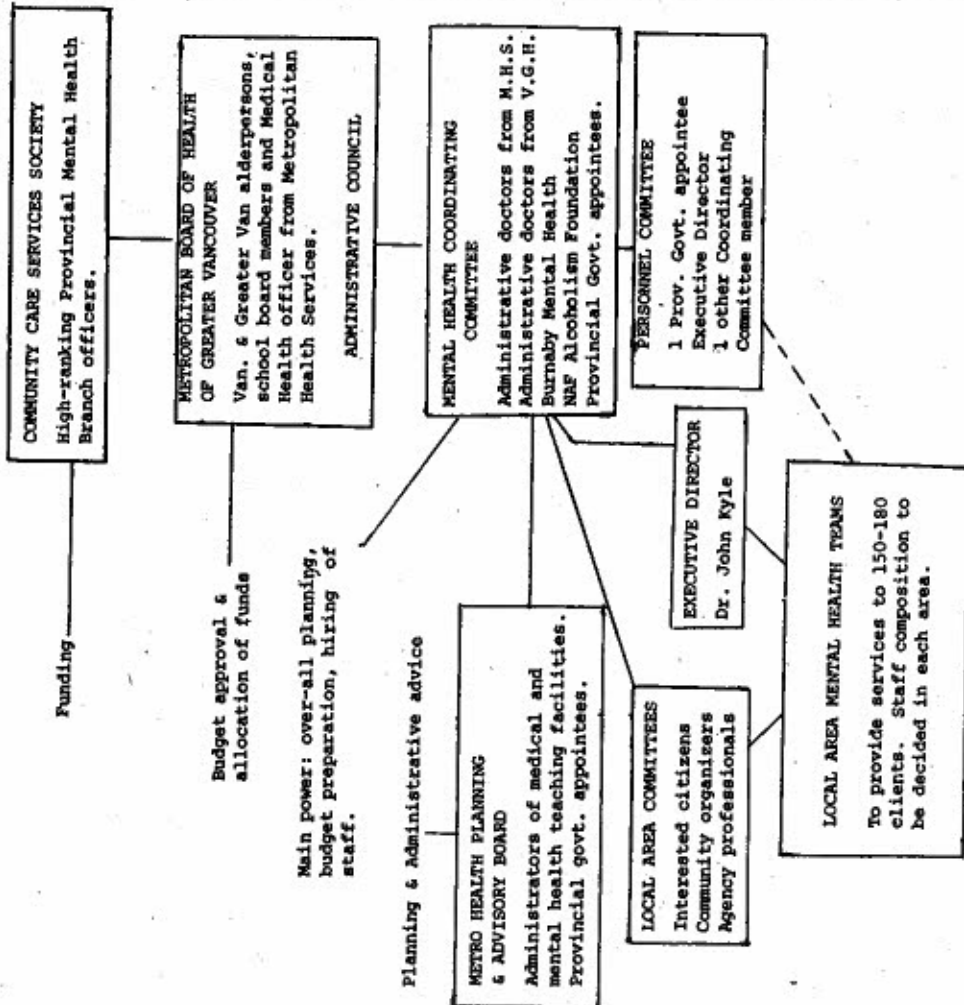
D. Citizen's Committee

Throughout this document, and as has been expressed in the extensive community activity surrounding this program, citizen input, if not con- trol, is a key element. If this is to become a reality, this body must be broadly representative of all

(cont. on back page)

RE'S WHERE WE WOULD LIKE THE MONEY TO GO

WHO MAKES THE DECISIONS



ject, namely the main mental health centre and an 8-bed crisis hostel. Whilst these two may be considered separately, it is felt that neither can operate effectively without the other. It is also the opinion of the Committee that longer stay residential facilities will need to be established in the near future.

A. Mental Health Centre

The centre will provide the following services and functions: administration; office therapy; drop-in services; 24-hour walk-in crisis services; group therapy; group activities and friend-advocate home services.

Salaries (employee benefits are included in the figures)

- 1 Coordinator at \$15,000
- 2 Secretaries at \$8,000

(These salaries, whilst slightly higher than average, take into account the fact that the secretaries will be expected to handle book-keeping and medical records. Not only that, they will be part of the Team, and as such will relate directly to clients when the need arises.)

- 2 Half-time Psychiatrists (\$43,750)
- (250 sessions at \$87.50 per session - \$21,875)

(It is hoped that the project will be exciting enough to attract at least one psychiatrist who would be prepared to work full time for an annual salary of \$21,875.)

- 11 Mental Health Workers at \$10,000

(To include one full time coordinator of volunteers and at least one worker with special knowledge of community resources. The workers will each act as friend-advocates to a number of clients and will cover the 24-hour crisis service and drop-in service in

\$110,000

cohesive and effective Team. Experience elsewhere (e.g. Youth Workers at Toronto General Hospital) tends to support this view.

Capital and Overhead Costs

Accommodation: rent or mortgage payments on a very large house at \$600 per month.
 Utilities: telephone installation and rental; heat; electricity, etc.
 Equipment and Furniture: for offices (2); office therapy (2); drop-in areas (3); crisis rooms (2); friend-advocate office (1); group therapy and meeting rooms (2); activities room (basement); bathrooms with baths and showers.
 House renovation (may be included in mortgage) (These estimates have been discussed with a professional architect who thought them to be reasonable.)

Supplies and materials:
 Office \$1,800
 Drop-in; coffee etc. \$2,000
 Household supplies \$600
 Medical \$3,000
 Activities \$1,200
 Crafts \$1,800
\$10,400

General expenses:
 Client transport. \$4,450
 Food \$1,200
 Baby sitters \$750
 Homemakers \$2,400
 Household repairs \$600
 Moving expenses \$600
 Recreation \$2,000
\$12,000

\$184,750 \$184,750

\$7,200

\$3,000

\$9,500

\$7,000

\$10,400

\$12,000

ries recoverable from B.C. Medical Services Commission
 NET BUDGET

\$43,750
\$192,100

Comments on the Mental Health Centre Budget

This budget has the same objectives as those outlined in the West End budget and the two are much the same with the following exceptions:

- (1) Three extra mental health workers are needed for the provision of 24-hour service.
- (2) Equalisation of mental health worker salaries (see above).
- (3) An increase in general expenses. The committee believes that economic problems are frequently significant in the life of the mental patient and especially so in times of crisis. The ready availability of cash to provide needed services as listed above will greatly facilitate the work of the Team.

B. Eight Bed Crisis Hostel

Salaries

8 Hostel Staff at \$10,000 \$80,000
 1 Cook at \$7,500 \$7,500
\$87,500 \$87,500

Capital and Overhead Costs

Accommodation: rent or mortgage at \$500 per month \$6,000
 House renovations \$4,000
 Utilities at \$90 per month \$1,080
 Equipment and Furniture \$1,500
 Food at \$1.50 per person per day \$4,380
 Medical \$1,000
 Household supplies and materials \$600
 General expenses: activities, entertainment, emergency petty cash, transportation \$2,000
\$19,360

TOTAL BUDGET

\$19,360
\$106,860

classes and interests in the community, must conduct itself democratically and responsibly, and must encourage the voluntary association of people interested in its work.

Eventually, the steering committee as presently constituted must give way to a more formal elected Executive with clearly defined powers. The details of the actual organization await further consultation; however, in the meantime, some formal liaison must be developed with the Program's apparatus as it presently conceived. Therefore, it is necessary to have elected citizens on the Personnel Committee (responsible for hiring staff), on the Budget Committee (responsible for determining finances), and on the Coordinating Committee of the Greater Vancouver Mental Health Project. In terms of hiring, it is further felt that while professional training does confer useful knowledge and skills, previous experience and capability are more important than professional qualifications. Specifically, the citizens' Committee should be charged with:

- (i) Reviewing on a regular basis the work of the Team;
- (ii) Providing organized channels wherein effective citizen input can be realized;
- (iii) Actively publicizing the work of the Team and of other groups that offer mental health services in Kitsilano so that people who need the services can find out where and to whom they might go in trying to resolve their problems;

- the community can begin to

have information that is necessary for determining the mental health needs of Kitsilano and the range of services that are needed;

- (iv) Acting in a liaison and organizing capacity to coordinate relations with other groups in the Kitsilano area whose interests involve mental health.

These objectives can be reached only if there is effective citizen voting power on the bodies determining the goals, orientation and practice of the program.

E. Location

Not insignificant in the method of service delivery is the location of the Team offices. This location should not be situated in the sterile conditions reminiscent of impersonal institutions, but rather in a warm, home-like setting (Kitsilano House is a good example). Setting is important in creating the atmosphere of humane, sensitivity and involvement which is at the very core of our wish for better treatment.

F. Conclusions

This document, by no means complete, has attempted to formalize the history, desires and goals of the community citizens' Committee, and to help guide its future direction. It cannot be too strongly emphasized that a community health team without extensive community support and involvement is a mockery. We feel that our proposals are realistic, sensible, and totally in keeping with the more progressive philosophy embodied in a community approach to community problems.

The time for involvement is now.