MENTAL PATIENTS ASSOCIATION

1982 WEST 6th AVENUE — VANCOUVER 9, B.C.

PHONE 738-5177
738-1422

March 15, 1973

Local Employment Assistance Program
Department of Manpower and Immigration
Seventh Floor
1155 West Pender Street
Vancouver 1, B.C.

Dear Sirs:

Re: Local Employment Assistance Program Application

Enclosed please find our application for a three year grant from the Local Employment Assistance Program.

We are requesting funds to sustain a broad range of service programs which have evolved over the past 2½ years and which have been supported by the Local Initiatives Program for the past 15 months. The services we offer to ex-mental patients and others in emotional distress have been recognized by both the professional and lay communities as making an innovative and vital contribution to a hitherto neglected sector of society. The many attached letters of endorsement reflect a wide cross-section of support among professionals and government officials working in related mental health fields.

The letters on pages 67 to 93 specifically recommend approval of the present application. In these letters--and in the application itself--a number of recurrent reasons are offered in behalf of such approval. In addition to the very great need for a continuation of MPA's services in the community, several of the reasons pertain to issues of financing and employment.

As MPA has demonstrated, government funding for our organization consitutes, not a drain, but rather a substantial savings in the public treasury. By providing preventive mental health services on a very economical basis, the Association enables a minimum of 45 persons to remain out of mental hospitals at any given time. At the most conservative estimate, this represents an annual net savings of more than $135,000 in public funds. Pertinent figures are summarized in Table 1 on page 46.

This net savings would in fact be much higher if it took into account the many MPA services beyond those of sustaining people out of hospital. Many of these services are related to the question of employment. As is documented in the application, ex-mental patients are one of the most chronically unemployed groups in Canadian society. However, as a result of the support received from MPA during periods of emotional crisis, a great many of our members have been able to become self-supporting in the normal labour market.

Further, our organization is playing a pioneering role in hiring ex-patients--most of whom were not only unemployed, but were classified as "unemployable"--to perform crucially needed community work. Beyond question, these persons

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receive invaluable job-training experience and the increased self-confidence which enhance their employability in the competitive job market. Our record as regards helping "unemployable" people to return to the work world is amply documented in the application and accompanying letters.

A related benefit pertains to the fact that innovative employment roles are opening in the mental health field. As it becomes increasingly evident that professionals cannot alone meet the demand for services, paraprofessional and non-professional positions are being created in many mental health programs. The experience and training gained through working with MPA constitutes excellent preparation for filling such positions.

A basic intention of this application is to secure funds to hire unemployed and unemployable people who, through their work experience with our organization, will be aided in resuming normal employment. Our aim will be to effect a turnover in the L.E.A.P. positions so as to enable the maximum number of people to receive the training benefits needed to find regular work.

To this point, MPA has been reliant upon short-term, unpredictable funding programs, a fact which has only magnified the precariousness with which our members have lived. At any given time, there are more than 150 people who are heavily dependent upon MPA's services. These are among the most insecure and forgotten people in society. A discontinuity in our services would have quite shattering effects upon many of them. A three year grant through the Local Employment Assistance Program would obviate much of the insecurity and would have immeasurably beneficial effects in terms of both our service programs and employment training programs. We are confident that such funding will be repaid many times over in both humanitarian and economic terms.

The application following this letter consists of 111 sequentially numbered pages of descriptive material on MPA. All page number references throughout pertain to these pages.

Because we are requesting substantial funding over a three year period, we have endeavoured to present a full account of the principles, services and plans of our organization. On pages 5 to 58 will be found detailed narrative responses to the application items. The worksheets on pages 59 and 60 contain employment and financial information. On pages 61 to 111 will be found photocopied documents pertaining to the Association, including registration documents (pages 61 to 66), letters of support regarding the present application (pages 67 to 93), documents regarding MPA and issues of employment (pages 94 to 100), and letters of general support (pages 101 to 111).

Owing to the length of the application, a Table of Contents is presented on pages 1 to 4 in order to aid the reader in obtaining an overview of the material and in readily locating particular passages.

We believe our accomplishments, as presented in the application and accompanying letters, speak for themselves. We do hope the Local Employment Assistance Program will enable the continuation of our work through a grant of 20 salaries plus employee benefits and overhead costs as requested in the appended forms.

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Finally, we should mention that Mr. Gerry Hutchison, our Local Initiatives Project Officer, has visited our centers on many occasions and will be able to elaborate on points raised in the application.

Thank you kindly for your (lengthy) consideration. We look forward to your decision.

Yours very truly,

Lanny Beckman
Project Coordinator

LB/eh

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Further Documents Pertaining To: MPA, the Vancouver Opportunities Program, and the Employment of Mental Patients

LOCAL EMPLOYMENT ASSISTANCE PROGRAM APPLICATION

MARCH 15, 1973

1. Sponsoring Agency - name, address, telephone number;

Mental Patients Association
1982 West 6th Avenue,
Vancouver 9, B.C.
738-5177; 738-1422

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2. Project - name, address, telephone number;

Mental Patients Association Community Service Project
1982 West 6th Avenue
Vancouver 9, B.C.
738-5177; 738-1422

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3. Project Officials - names, titles, addresses, telephone numbers;

Lanny Beckman
Administrative Co-ordinator
2504 York St.
Vancouver 9, B.C.
738-9429

Barry Coull
Administrative Co-ordinator
2080 Alma Road
Vancouver 8, B.C.
733-2375

Gerald Walker
Treasurer
2525 York St.
Vancouver 9, B.C.
733-0762

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4. Project Activity - description;

The Mental Patients Association is a self-help organization, currently engaged in providing a broad range of community services to mental patients, former patients and others experiencing emotional disturbances. The bulk of

these services are furnished in the five centres operated by the Association, although many of our activities and programs do occur in community settings such as mental hospitals, mental health clinics and facilities of related community groups. Our objective has been to integrate our organization into the community as fully as possible rather than to create an island segregated from adjacent services and agencies.

The five MPA centres include four residences (total bed capacity of forty-one) and a drop-in/crisis centre: The centres and their locations are as follows:

1) East End Residence, located at 369 East 21st Avenue, Vancouver. Capacity of eights beds.
2) West End Residence, located at 1754 West 11th Avenue, Vancouver. Capacity of ten beds.
3) South End Residence, located at 166 West 19th Avenue, Vancouver. Capacity of fourteen beds.
4) Farm Residence, located on forty acres of land at 26942 108th Avenue, Whonnock, B.C. Capacity of nine beds.
5) Drop-in/Crisis Centre, located at 1982 West 6th Avenue, Vancouver.

For the past 15 months, the majority of our funding has been provided by the Local Initiatives Program, which has enabled the growth of our service program to its current scope. As proposed in this application, the work to be undertaken through LEAP funding is intended to maintain the present program with the one major addition being the South End Residence (opened March 1, 1973).

The project activity will be described in terms of the twenty positions for which application is being made.

A) TWO EAST END RESIDENCE SUPERVISORS

The East End Residence, which was established in January of 1972, has evolved a highly successful program for people recently discharged from psychiatric hospitals. The majority of residents have been referred to our organization by hospitals, psychiatrists and other mental health workers who have indicated satisfaction with their clients' growth and rehabilitation in our program. Success has been mainly reflected in the almost negligible rate of hospital re-admissions among residents of all residential centres. This is to be compared to annual re-admission rates of more than 50% among ex-patients receiving no after-care services.

Over the past year the East End Residence has achieved a stability which indicates that two full-time supervisors will be sufficient to manage the program. This is so as a result of the excellent work accomplished by the present supervisors, who have involved the residents to a very great degree in responsibly managing their own affairs. It should be pointed out that other salaried co-ordinators (whose work will be described below) will be variously involved in the residence as part of an effort to further integrate the five MPA facilities. Especially in the event of crisis and emergency, the two supervisors will have additional personnel to call upon for assistance.

The supervisors' jobs are demanding in terms of both time and emotion. As a rule, they work upward of 60 hours per week and are on call 24 hours a day. These jobs, as is true of all 20 applied for, require a great amount of dedication, since the needs of emotionally upset people are intense and are not confined to pre-determined hours.

The principal responsibilities of the supervisors entail developing emotionally supportive relationships with the residents, and, using these relationships as a base, the supervisors serve as resource persons in encouraging self-

reliance and participation among the residents.

These goals are sought in three main areas.

1) Basic Survival Skills. Included here are essential domestic activities such as shopping, cooking, cleaning, laundry, managing subsistence incomes and so on. As our experience has shown, it is remarkable how few people leaving hospital possess these basic skills and how this lack leads to recurrences of emotional disturbances and hospitalizations. In no other mental health programs do patients receive concrete training in these areas. We believe our low re-admission rates depend largely on the attention paid to these fundamental activities.

Three house meetings are held weekly in which residents make up work schedules and review one another's activities. The emphasis is placed on group activities so that a resident is not left on his own to accomplish a given task. Weekly shopping trips are taken; rotating daily schedules for cooking and washing dishes are followed; weekly house clean-ups are done. House budgets are set on a monthly basis with weekly reviews to ensure functioning within the budget.

Supervisors are especially involved in maintaining contact with hospitals, welcoming new residents and introducing them to the routine of the house. With increasing length of stay, residents are expected to undertake greater responsibility in house management, while the supervisors' role tends to become less prominent.

Perhaps the basic lesson which the supervisors endeavour to convey is that the resident's well-being is interdependently related to the group's and that social responsibility in a democratic setting can have a personally therapeutic value.

2) Participation in the General MPA Program. The second area in which supervisors aim to generate involvement is the broader MPA program. The objective here is for the residents to feel a part of a community larger than a single, isolated house. We have found that there is tendency for residents to view the house as

an enclave and for the entire house, as a unit, to reproduce symptoms of withdrawl. To overcome this problem, we have re-structured MPA so as to involve all residences in activities. For example, location of the weekly business meetings rotates among the four city centres. Potluck suppers are held at the residences with the residents serving as hosts for member-guests. Weekly day-trips to the MPA farm are made.

Supervisors encourage residents' participation in planning and attending activities at the drop-in centre. These activities (which are described in detail on page 18) include meetings, encounter groups, recreational and sports events, guest speakers, films etc. The attempt is made to have residents attend outside events at least three to four times a week. Supervisors are generally involved in arranging and providing transportation.

These aspects of the program have proven highly successful. Rather than being five separated houses, MPA is developing into a cohesive, social community which fulfills a wide scope of needs for residents. Supervisors function as indispensable catalysts in bringing about this cohesion.

3) Integration with the General Community. With the emotional security of MPA as a basis, residents are encouraged by the supervisors to familiarize themselves with and participate in the surrounding community. Each week, a guest speaker is brought in from a local institution, agency or community group. Not infrequently, residents strike up a relationship with the speaker, which leads to their joining in the programs of the particular group.

Supervisors contribute to planning regular outings in which residents have the opportunity to visit the facilities of community groups. Additionally, supervisors engage in familiarizing residents with those community resources designed to meet specific needs such as housing, employment, welfare, health, education etc. Residents are shown how to make use of information centres, Manpower employment and training

programs, health clinics, welfare programs, high school completion and other adult education programs, etc.

Most mental patients experience serious degrees of cultural dislocation, related to feelings of segregation from the community. This often ensues from an ignorance of the various resources which are designed to meet social needs. We feel that a crucial preliminary step in integrating into the community is to discover and familiarize oneself with it.

The ultimate objective of the residence program, in which the supervisors play an indispensable role, is for the ex-patient to feel that the community is his home rather than a foreign and hostile milieu.

B) TWO WEST END RESIDENCE SUPERVISORS

The West End Residence, with a capacity of ten beds, was established in July of 1972. Since that time it has quickly developed a program comparable in strength and cohesiveness to that of the East End's. In fact, because of its greater proximity to the drop-in centre, it has circumvented some of the isolation problems discussed in the previous section in relation to the East End Residence. The West End Residence has been purchased by our organization with mortgage financing arranged through CMHC.

The programs and objectives of the West End Residence are generally equivalent to those detailed above, and need not be repeated.

It should be emphasized that these two supervisors work closely with those in the other residences in planning and carrying out regular joint activities with residents of all houses.

C) TWO SOUTH END RESIDENCE SUPERVISORS

This residence, with a capacity of fourteen beds, was established March 1, 1973,

just prior to the time of the writing of this application. We do not presently have two salaries for the supervisors and therefore the other residence supervisors along with other co-ordinators, VOP workers and volunteer members are engaged in operating the residence. This however is a considerable drain on manpower from the other program areas and is only a makeshift arrangement until two salaries can be secured. Experience had shown that two supervisors per residence are essential for efficient management.

The reason we have undertaken to open this residence prior to securing the two salaries is that the demand on our organization for housing is especially acute (there is currently a waiting list of 20 referrals from mental institutions) and also that this ideally large house has become available.

Stabilizing the program in this residence is the main new area of work for the next several months. We hope that the very badly needed two salaries will be approved by LEAP to enable the residence to continue in operation.

Once again, the programs and goals of this residence are equivalent to those of the other two Vancouver residences (see above) and will be functionally integrated with theirs.

D) TWO FARM RESIDENCE SUPERVISORS

In August of 1972, the MPA farm changed its location from Matsqui to Whonnock. The present farm is situated on 40 acres of land on which there is a large house and a small cottage with a total bed capacity of nine. Additionally, there is a barn for livestock, an immense chicken coop, several storage huts, a dozen fruit trees and a large gardening area. We have found that a farm setting, removed from the excessive pressures of the city, constitutes an excellent therapeutic environment for emotionally upset people. The same conclusion has been

reached in rural therapeutic programs in other countries such as Holland and Denmark. In Canada, however, there are few such programs in existence.

The MPA farm program is in many ways equivalent to those of the three Vancouver Residences, especially in regard to principles governing daily domestic management. There are, however, some basic differences arising from the isolation and rural setting of the farm.

For two main reasons, the farm program does not accept residents who are suffering major emotional problems. (These people are accommodated by the city residences.) The first reason pertains to the relatively isolated context and inaccessibility of psychiatrists, medicines and other community facilities. Secondly, because there are more chores to be done to keep the farm running, residents must be sufficiently stable and committed to undertake these chores dependably and regularly.

The two supervisors have performed a remarkable job of involving residents in redecorating the farm houses and undertaking outdoor activities such as livestock farming. The farm currently has 100 chickens and 200 chicks and is supplying eggs to all residences and many members. Three calves and a horse have been obtained and a plot of land has been prepared for the cultivation of a vegetable garden in the Spring.

Because of the paucity of mental health services in rural areas, the supervisors have begun, and will continue, to establish local contacts so that the farm serves the neighbouring areas. To this point, the Haney Problem Centre has referred people to the farm as has the local welfare office. Additionally, Reverend peter Stinson of the local United Church has been closely involved in the development of the farm program, and he and members of his congregation have visited regularly and helped with much of the redecorating and other work.

In order to minimize the isolation of the farm, weekly visits of 13 to 20 people from the city centres have taken place. Often these visits serve as work-parties with members contributing to helping with farm chores.

It is proposed that the supervisors continue to strengthen the program in which residents have the unique opportunity of involving themselves in meaningful and cooperative farm work. In regular house meetings during which schedules are set out, the supervisors work with residents in planning both indoor and outdoor activities necessary for the maintenance of the farm.

It is intended that the farm supervisors will work closely with the Transportation Co-ordinator and the Activities Co-ordinator (see below for a description of these two positions) to further integrate the farm and city programs with regular travel in both directions. The chance for city members to visit and participate in the farm has proven to be one of the most interesting and constructive of MPA's activities.

Finally, it should be stated that one of the farm supervisors has had extensive experience in farming and is involved in teaching farming skills to the residents and visiting members.

E) TWO ADMINISTRATIVE CO-ORDINATORS

The two present Administrative Co-ordinators were founding members of MPA in January of 1971 and have functioned in an administrative capacity since. It is largely under their direction that programs and policies have evolved. They intend to continue in these roles in the future.

Their duties, which encompass general project management, are outlined in response to Item 13 below (page 50) and their position in the organizational structure is represented diagramatically on page 52.

As liaison persons between the various program areas, they are responsible for maintaining an overview of the organization and for developing work-plans with representatives of each area. Once plans have been approved at business and/or general meetings, the Administrative Co-ordinators serve as resource persons in the process of implementing decisions in these areas.

They are also responsible for securing operating funds and maintaining funding income for the organization. This entails a considerable amount of paper-work in the form of grant applications, regular progress reports and business correspondence. With the Treasurer, they make up the executive committee, one of whose main functions is to prepare budgets and to ensure that funds are administered within budgetary limits.

These co-ordinators generally serve as spokesmen for the organization and are involved in public relations activities vis-a-vis the outside community, including government departments, hospitals, mental health agencies, community groups and the media. They are responsible for the writing of research findings, newsletter material, press statements and so on.

In the area of housing, the co-ordinators are involved in the endeavour to purchase residential facilities through CMHC mortage financing and to have these residences licensed through the City of Vancouver and the Provincial Government. To date, one house has been purchased (the West End Residence) and efforts will be sustained to purchase additional facilities. These are major and time-consuming tasks, but are seen as essential goals with respect to the long-term security of the organization.

Manpower problems in MPA also fall within the domain of these two positions. When openings arise or new positions are created, these co-ordinators are responsible for advertising for applicants, informing the applicants of the duties of the positions and preparing for the election meeting. They are also in close contact

with other co-ordinators when job problems arise and when suggestions and advice are required with regard to these manpower problems.

In summary, the Administrative Co-ordinators are largely responsible for the overall planning and implementation of the programs and policies of MPA. They are among the main links in the communication network, both internally and with external institutions. On a daily basis, their executive functions are to keep the various MPA areas informed of relevant developments and to maintain the cohesion and progress of the organization.

F) TWO DROP-IN CENTRE CO-ORDINATORS

The drop-in/crisis centre, which is the central co-ordinating facility within MPA, is open 24 hours a day and provides a very wide range of activities and services. Each week the centre is visited by a minimum of 125 to 150 people and receives more than 450 phone calls of which approximately half are business calls and half crisis calls.

The co-ordinators' jobs are extremely varied and demanding. They involve organizational responsibility for smooth management of the centre in relation to all activities, both structured and unstructured, which occur at the centre. In view of the excessive demands of the positions, the co-ordinators must enlist the help of volunteer-members in carrying out the tasks in the various program areas.

The most difficult and time-consuming function served by the centre falls in the area of crisis work. By its very nature, such work requires one-to-one situations in which the person in crisis can find someone to talk with for uninterrupted periods of time. There are obviously far too many persons in crisis for the two co-ordinators to handle the demand by themselves. Thus a great deal of their time must be invested in recruiting, training and scheduling crisis volunteers to be available on a 24 hour a day basis.

During the initial stages of a volunteer's work, a co-ordinator works closely with the volunteer, familiarizing him or her with MPA's programs, community resources helpful to the upset person and basic rules and guidelines for dealing with crisis situations. The co-ordinator is present during the volunteer's first few shifts and is on call thereafter to assist with particularly difficult problems. When no crisis volunteer is available for a given shift, it is the responsibility of the co-ordinators to fill in. On the average, this amounts to two shifts per week per drop-in co-ordinator.

Since in the area of crisis work, much of our service must depend on volunteer help, it is necessary for the co-ordinators to give a good deal of time and attention to working with volunteers. All crisis service agencies (which are unfortunately all too few in Vancouver) experience a very high rate of attrition among volunteers. This had been our experience until co-ordinators began working closely with volunteers. We have found that this policy is the only way of maintaining an active pool of volunteer help. To provide desperately needed crisis services, we find it is well worth our while for co-ordinators to establish close bonds with volunteers so that the latter feel a commitment to their work and to the group.

It is on the graveyard shift that this policy has reaped the greatest benefits. The late night hours are usually the most difficult for emotionally upset people. Our organization provides virtually the only facilities where disturbed people can relate <u>in-person</u> to volunteers during the middle of the night. The number of prevented suicides and of other lesser tragedies is incalculable because crisis services are avialable at MPA between midnight and morning.

Drop-in centre co-ordinators are also responsible for general maintenance of the centre and its programs. In these capacities, they again make use of volunteers,

and especially those on the Vancouver Opportunities Program. There are currently 20 VOP placements with MPA. The co-ordinators are responsible for allotting tasks to the VOP people. In general, this entails assigning each VOP person to work with one of the co-ordinators. The drop-in co-ordinators thus act as a liaison between the VOP people and the co-ordinators, and are responsible for handling any work problems which arise in these relationships.

In general, the drop-in co-ordinators function in an organizational capacity and with the administrative co-ordinators are responsible for distributing manpower throughout MPA's program areas especially those related to the drop-in centre. They require a broad overview of the organization and are resource persons to whom others can turn when organizational problems arise related to drop-in or crisis programs.

When a newcomer arrives at MPA, it is often the drop-in co-ordinators who make the initial contact. Their function here is to make the person feel welcome, to discuss his or her interests and to suggest which aspects of the MPA program would be most likely to meet the person's needs.

The drop-in co-ordinators are also responsible for being familiar with community resources and for working with the secretary in keeping an up-to-date file on such resources. They are thus in a position to act as a referral source for members in regard to problems of housing, welfare, employment, health etc.

Finally, these co-ordinators work with the Activities co-ordinator in planning and publicizing schedules of activities and events.

It should be emphasized that the 20 positions described in this section of the application have been structured so as to maximize efficiency and co-operation among co-ordinators. The two drop-in co-ordinators are particularly central in this liaison capacity.

G) ONE ACTIVITIES CO-ORDINATOR

The activities co-ordinator has a special function at MPA. Because many members are unable to concentrate for long periods of time or are shy and withdrawn, a major requirement for this position is the ability to draw people into activities and to design programs which allow for varying degrees of participation.

MPA activities must revolve around the needs of individuals as well as of the communal group. It is essential that the co-ordinator avoid "keep busy" activities reminiscent of hospital programs and have the ability to constantly evaluate and re-adjust the program to suit the needs of the participants.

The activities co-ordinator works with the drop-in centre co-ordinators, the crafts co-ordinator and the residence co-ordinators in order to develop overall programs which relate to the needs of residents and members.

In conjunction with the communications co-ordinator, this position entials responsibility for publicizing events through newsletters, posters, personal contact, the phoning committee etc.

There has been an effort made to plan a wide variety of activities so as to meet as broad a range of interests as possible. Regular activities which will be maintained through the efforts of this co-ordinator include: N.F.B. film showings; music and folk singing nights; yoga classes; dances; card and games nights; therapy groups; potluck suppers; sports events; creative writing classes; Saturday morning breakfast; group for people with drinking problems; coffee parties and other activities for older members; trips to the Planetarium, Aquarium, Art Gallery, MPA farm, relevant lecture series and conferences and other events in the community.

The activities co-ordinator will work closely with the transportation co-ordinator to ensure the greatest possible access to these activities.

H) ONE SECRETARY

The secretarial position is basically that of office co-ordinator. Responsibilities will involve general office routine, typing, answering business phones, filing etc. There is a considerable amount of typing work including: reports, applications for grants, newsletter material, minutes of business meetings and general meetings, letters of contact with various community groups and a daily flow of general business correspondence.

The secretary functions as a general information source, keeping co-ordinators informed of programs and activities and keeping the general membership informed of daily changes in plans etc.

The secretary will have further responsibilities in helping with office budgeting, keeping newspaper clippings in files, working with the library committee and seeing that various media and public relations requests are attended to by the appropriate co-ordinators.

With the rapid growth of MPA over the past year, administrative responsibilities have greatly multiplied, making the secretarial position essential to the efficient functioning of the organization.

I) ONE TREASURER

Within the area of financial management, the objectives of reliable financial control and viable long range programming can only be realized through the functions of a competent treasurer. Within MPA, the treasurer plays an essential role in program planning.

One of his primary responsibilities is the establishment of realistic program budgets. These budgets are regularly reviewed within the context of monthly financial statements produced by the treasurer. In addition, he must

keep the membership informed of the organization's financial status through the maintenance of bookeeping records of source and application of funds which are open at all times to review and audit.

He is further required to produce six-month financial projections based on the budget of the previous half-year.

On a daily daily basis, his responsibilities entail control of petty cash; making out the payroll; payment of bills and dispersing funds to co-ordinators responsible for various budgeted program areas.

The current treasurer's qualifications for this position are discussed on page 51.

J) ONE TRANSPORTATION CO-ORDINATOR

Transportation for mental patients and ex-patients is a crucial problem. Over 90% of the patients in Riverview Hospital come from low-income backgrounds. Due to a combination of emotional factors and job-discrimination, the majority go onto welfare upon release from hospital. Transportation, although essential in an urban setting, is prohibitively expensive within the budget of a welfare recipient.

With a full-time transportation co-ordinator, MPA is able to provide free, readily accessible transportation to both members and residents. Transportation is available for residence shopping, trips, laundry etc. For expecially disturbed people, rides are provided for various necessary appointments - welfare, medical, psychiatric and so on.

MPA facilities are widespread: two on Vancouver's west side; one in the east end; one in Mount Pleasant and one in Whonnock, 45 miles from the others. Interactions among these centres are very difficult to maintain in the absence of a full-time transportation co-ordinator. Before such a position was filled, persons wishing to take up residence at the farm had at times to wait several days before belongings could be moved from the city.It was often difficult

for people from the residences, and especially for outside members to attend meetings or activities held at the drop-in centre or at an outside location. Without a reliable driver, excursions and work-parties to the farm were difficult to organize.

We often find that depressed and withdrawn people will not leave their house unless a good deal of encouragment - and often this means a ride - is provided. We believe that reliable transportation makes a real contribution toward helping depressed people to break through their introversion and inactivity. It is this sort of intervention that often serves to break the re-admission cycle to hospitals. With the community liaison co-ordinator, the transportation co-ordinator will continue to schedule regular hospital visits. He will also continue to provide transportation to and from all MPA activities and many other community events. He will be available for crisis transportation, will provide weekly trips to the farm and will be responsible for maintenance of MPA vehicle.

As stated in response to Item 19 below (page 55), the Mental Health Branch of the Provincial Government has provided funds for the purchase of an 18 passenger bus to be used for the transportation purposes described in this section.

K) TWO RESEARCH CO-ORDINATORS

Since its inception, MPA has maintained a research committee designed to investigate and collect data on a broad range of issues in the mental health field. In addition to its research functions, the committee has engaged in educational work, informing members and the general public about the need for reform and improvement of psychiatric services. Until this past summer, the committee operated on a negligible budget and was comprised of volunteers.

In June of 1972, a grant was received from the Donner Canadian Foundation to support intensive research activity on legislative questions pertinent to the mental health area. (This work has continued and broadened since December with the support of the Local Initiatives Program.) The objectives of the legislative research are as follows: Researchers are to investigate the Provincial Mental Health Act and the de facto procedures used in implementing the Act. A principal objective is to document discrepancies between de jure and de facto procedures.

In addition to examining library and other written sources, the researchers have conducted interviews with patients, ex-patients, psychiatrists, physicians, lawyers, mental hospital staff, ambulance drivers, police and others regularly involved in psychiatric admissions.

The ultimate aim of the legal-research project is to contribute to legislative reform of the Mental Health Act. Very significant progress toward this goal has been achieved. A thirty-page rivised Mental Health Act has been written, accompanied by a seventy-page explanatory brief. The revised Act and brief are currently entering third-draft form and are nearing completion. Numerous contacts have been made, particularly with government officials in the Mental Health Branch, and with lawyers who have responded enthusiastically to our proposed revisions.

Six Vancouver lawyers have worked closely with the researchers and will continue to do so through the upcoming stages. A U.B.C. law class has divided our act into sections and is working with us in small seminar groups on the revisions.

Since the election of the new Provincial Government, the prospects of our endeavours contributing to legislative reform have markedly improved. We have met with Dr. R.G. Foulkes, Consultant to the Minister of Health, and have discussed

mental health reforms both in terms of legislation and general programing. His assistant has spent a week with our organization, working with the researchers on the revised Act and on proposals in the broader area of mental health services.

Dr. W. Mahabir, Chairman of the Riverview Hospital Legislative Committee, has written us requesting cooperation between his committee and ours. And in November, the research delegation met with Mr. Cocke, Minister of Health, and discussed legislative and other mental health reforms.

At that time we presented Mr. Cocke with the second-draft of the revised Act and we understand that certain of its recommendations will be implimented in legislation to be passed during the spring, 1973, session. In fact this has already occurred. Legislation is now being enacted which allows the patient to nominate one person to a three person board for review of his case. Major legislative reform in the mental health area, however, will not occur until the Fall session - following Dr. Foulkes' report - and we feel that it is essential that our research and lobbying activities continue until and beyond the Fall session.

The research group has recently submitted to Dr. Foulkes' committee a preliminary brief entitled "Proposals for Reform in the Area of Mental Health Care in British Columbia." The recommendations in this brief pertain to reform of services, facilities and programs in mental health and complement the legislative reforms urged in the aforementioned revised Act.

The activities of the two research co-ordinators are now in mid-progress and considerably more time will be required to consolidate the substantial gains made to this point. Following is a description of the future work to be undertaken, for which we are requesting two salaries.

Based on consultative meetings with lawyers, law students and other professionals, the third and final draft of the revised Act and accompanying

legislative brief will be prepared. These will be published along with the second brief ("Proposals for Reform") in book form in an edition of 500 copies to be circulated among government officials and influential professionals. The contents of the book will be edited into non-technical language, will be published as a 20 page pamphlet and will be circulated in 2,500 copies among patients, ex-patients and the general public.

Contact with the government will be intensified. We will continue to lobby for creation of and representation on committees designed to review and revise mental health policies, programs and legislation. As a long-term objective (see also Item 5, below) it is hoped that our research and lobbying efforts will yield significant improvements in government services to mental patients and will lead to the creation of effective aftercare programs, comparable to those of MPA. Based on the encouraging response of the Provincial Government to our proposals, we are confident that, given sufficient time and effort, our endeavours will meet with a high degree of success.

Until recently, our organization has concentrated its energies in what can be called "service" areas. Research activities directed at urging, and documenting the need for, reform of government programs and legislation are essentially complementary to service work. MPA programs, no matter how broad their scope, cannot reach more than a small percentage of B.C. mental patients. By making continuing informed in-puts to the government however, MPA can affect policies which do affect all mental patients in the province. Because almost all other proposals originate from professionals, it is especially appropriate for our organization to continue doing research and making recommendations, since we alone speak from the position of the recipients of mental health services--a viewpoint too long ignored.

We thus see research activities as necessarily ongoing endeavours which are inherently related to our service programs. To take an example of this

relationship: making use of media to do public education striking at the false and cruel stereotypes regarding mental illness is a research activity which helps to alleviate the stigma and hardship bearing upon the lives of mental patients, and thus possesses a crucial service component.

The goals for which MPA stands--decent aftercare programs; community-based decentralization of mental health facilities; protection of civil rights of mental patients through legislative change--can be achieved only through informed, well-documented and publicized research. Reforms wrought through these activities will constitute an immeasurable contribution to the well-being of hospitalized patients and ex-patients.

(Should LEAP officials desire to obtain copies of the written research materials discussed above, we will be happy to forward them upon request.)

K) ONE COMMUNICATIONS COORDINATOR

The stigmatization, discrimination and loneliness faced by mental patients is very great. Only through consistent and outreaching efforts can they become aware that they are neither alone nor neglected. MPA publications are at the center of these efforts.

In order to reach and involve patients (as well as the public and professionals) a communications system has been established under the direction of the communications coordinator. Within MPA, this system comprises an inter-facility activities newsletter (MPA Home News) containing reports and announcements of meetings, activities, housing and employment notices etc.

The main MPA newsletter, In a Nutshell, is distributed to members as well as to professionals, community groups, hospitals, universities etc. It encompasses a broader range of issues that the internal Home News and is published monthly.

The newsletter publication focuses upon amelioration of the mental patient

stigma; emphasizes civil and legal rights of patients; reports upon developments in the mental health field; outlines social and economic changes germane to patients and ex-patients; and encourages professionals and patients to work toward solutions in these problem areas. The objective is to make the paper readable, informative and useful to those who are or have been hospitalized.

The communications coordinator works closely with the research coordinators in order to publicize up-to-date findings. In liaison with the activities coordinator, leaflets, posters and ads are printed to announce upcoming events and activities. In conjunction with the drop-in coordinators, the communications coordinator encourages members to submit personal articles, statements, poems and stories for publication. Weekly creative writing classes are held to instruct interested members in methods of expressing their ideas in writing. This coordinator works with members in all stages of the publication process, teaching them the various skills ranging from writing,through making plates, printing and distribution. In addition to these responsibilities, this coordinator maintains a circulation and resources file which lists the membership, community resource groups, other mental patient groups, professionals etc.

The first 13 editions of In a Nutshell were printed in mimeograph format; the last four on offset press. These last four have inspired widely favourable responses. Circulation has become international and has increased to 900.

In order to maintain this basic informational and educational service, we will continue to require the services of a full-time communications coordinator.

M) ONE COMMUNITY LIAISON COORDINATOR

The problems regarding the integration of ex-patients into the community are only partly emotional. The fact that most are on welfare and cannot afford regular bus fare is a major obstacle. A daily round trip to the MPA center costs

$15 per month, an exorbitant expense in the life of a welfare recipient who receives only $102 per month. The related factor of loneliness and depression which accompany economic privation makes it even more difficult to involve people in activities and relationships.

In many cases, we have lacked the manpower to maintain contact with members who have withdrawn to housekeeping rooms and who feel tooupset to use the drop-in center. Ex-patients over 40 years of age comprise the majority of this group.

It had been raised numerous times that the average age of regular MPA members was lowering because some older members were dropping out of the group. We viewed this as a serious problem, as we have never wanted to be a "youth group," and during our earlier stages there was a greater mixing of generations.

The position described here was therefore created in December of 1972 and has served to regenerate the interests of older members by maintaining contact with them and by planning activities which better relate to their needs and interests. The community liaison coordinator has organized a regular group of over 40's to maintain telephone and personal contact with each other and to participate regularly in planning and attending MPA activities.

In cooperation with the transportation coordinator, hospital visits by MPA members to all local psychiatric hospitals occur twice weekly. This is an extremely valuable service to inpatients, a surprisingly large percentage of whom have no visitors whatsoever.

This coordinator is also involved in developing joint activities and programs with other self-help groups in an effort to exchange information and to foster integration through community acceptance of mental patients.

In summary, the principal responsibilities of this position entail: contacting and re-involving members who are not making use of our services; planning programs for members who are over 40 and who have withdrawn from MPA; recruiting new members from hospital and the community at large; organizing regular hospital visits; and offering to patients about to be discharged those MPA services which will facilitate their re-integration into the community.

5. Project objectives - short term, long term.

Short term

Our short term objective is to maintain and, wherever possible, improve the efficacy of the service programs described in the previous section. The major addition to the program in the short run is the establishment of another residence (the South End Residence) with a bed capacity of fourteen. This residence opened March 1, 1973. As we have not yet been allotted specific salaries for the two supervisors of the new residence, we will be spreading manpower somewhat thin during the early phases. Based on this fact and on our past experiences, we estimate that the house will require 2-3 months to evolve a stable program comparable to those in the other three residences.

Long term

Because the demand for MPA's services is always greater than our facilities can accommodate (there are generally 15-20 referrals from hospitals on our waiting list to move into the residences), we anticipate that the number of residences will continue to expand over the next three years. These residences are financially self-sufficient with the exception of two supervisors' salaries and minor operating costs, both of which are supplied by MPA. It is anticipated that as new residences open, funds will be obtained from the Provincial Government in line with the following objectives.

These long-term objectives are to:

1) purchase additional residences with CMHC mortgage loans (a mortgage on one house has already been obtained and CMHC has stated that they will provide mortgage financing on further houses);

2) have these houses licensed by Community Care Facilities Licensing. (This has not yet been achieved by MPA, and we anticipate a prolonged period of negotiation with both the City of Vancouver and the Provincial Health

Department.);

3) apply for funds under the Treatment Resources Act which sets forth programs administered by the B.C. Department of Health to provide grants of up to one-third the price of purchase and/or construction of facilities for "psychiatrically disabled people." These grants, which are available only for facilities which have a Community Care Facilities Licence, will substantially decrease the monthly mortgage payments and thus contribute toward the self-sufficiency of the residences;

4) receive welfare payments from the Provincial Department of Rehabilitation and Social Improvement for residents. These payments depend upon a Community Care Facilities Licence, but once this has been obtained, the payments will be sufficient to cover all residence operating costs, including supervisors' salaries.

This long-term objective, then, is to make the residence program "self-supporting," i.e., independent of unpredictable, short-term government granting programs.

When this goal is attained for a given residence (i.e., when Rehabilitation payments are sufficient to cover the two supervisors' salaries), we propose an expansion process whereby the supervisors cease to obtain salaries through LEAP funds, thus freeing two positions for additional people who require job-training and development. The two new employees will be hired to establish a new residence. The objectives of this process are: 1) to increase the number of residences to meet the demand for housing among ex-patients; and 2) to continually open up new positions for people who require job-training on the LEAP program.

Generally, our goal will be to have a turnover in LEAP manpower, either when employees are capable of obtaining work in the normal labour market, or

when additional sources of MPA income enable present employees to move out of LEAP positions so as to accommodate new employees in need of job-training. This process is intended to offer the largest number of people the opportunity of obtaining job-skills through employment on the LEAP program.

A further long-term goal involves working more closely with other agencies and departments in the mental health field. Specifically, we hope to strengthen our working bonds with the B.C. Government Mental Health Branch to effect reform in mental health legislation (see pages 22 ff., above) and service programs. We feel we have already made in-roads in this direction as witnessed by the mental health legislation enacted in the Spring, 1973 session of the Legislature.

The government is about to establish community mental health teams in the west end and Kitsilano areas. We will be attempting to work with these teams through interlocking programs, perhaps on a cost-shared basis. To give one example, there is a very great need for crisis hostels providing short-stay residential facilities. The mental health team programs have shown interest in fulfilling this need and it is hoped that joint hostel programs might be operated by a staff comprised of their workers and ours.

In the future, we will also be exploring possibilities of other such joint programs with the various neighbourhood and community agencies in our areas.

Another long-term goal will be to seek out sources of permanent funding. A plan has already been described for securing continuing funding for the residence program. As for the drop-in and activity programs, we feel the most likely source of ongoing funding will be the B.C. Government. So far, however, they have not committed themselves to substantial financing of community organi-

zations. We do believe, though, that such funding will be made available in the future if sufficient pressure is applied to the government. In fact,the two administrative coordinators, for whom salaries are being sought in the present application, will devote a considerable portion of their time to expanding contacts with the B.C. Departments of Health and Rehabilitation in an effort to secure permanent funding following the termination of LEAP support. Based on experience to date, we believe this to be a realistic long-term goal. As the appended letters show, MPA already has the support in principle of the B.C. Government; once long-term funding programs are established, our organization should be highly eligible for such funds.

It should be emphasized that any expansions in our service programs over the next three years will not require additional funding from LEAP. In fact, the salaries applied for here will enable coordinators to work on obtaining other sources of funding for purposes of expanding.

There are numerous programs we hope to establish beyond those described in this application. To name but a few, these programs include: 1) crisis hostel services; 2) child care services; 3) facilities and programs for old people; 4) legal aid services to inpatients; etc. We propose that any additional sources of funding income over the next three years be applied toward establishing these new programs on a pilot basis. Consultation with LEAP officials will be carried out before any such programs are established.

We are requesting funds in this application to sustain MPA's present programs in their entirety. The only know sources of other income over the next year are two small grants from the B.C. Government: 1) Provincial Secretary's Department - $250 per month; and 2) Department of Rehabilitation and Social Improvement - $425 per month. We propose that these grants be utilized

to establish new programs, ideally on a joint basis with the community mental health team to be established in Kitsilano, likely within the next six months. The greatest need we have identified is for short-stay crisis hostels, i.e., providing beds for a maximum of 4-7 days for persons in emotional crisis who are in the process of finding housing. (These hostels will serve to circumvent many hospitalizations.) As a long-term goal, then, we propose the establishment of such hostels, first on a pilot basis, and then, with additional B.C. Government funding, on an expanded and permanent basis.

To repeat, these long-term goals will be met through funding from non-LEAP sources; securing such funding, however, will be done by two coordinators receiving salaries through LEAP.

Criteria of Evaluation

Project evaluation will be carried out in terms of the goals and criteria spelled out in this application. Particular concern will be focused upon evaluating the efficacy of programs vis-a-vis employment training. As far as is possible, we will endeavour to do follow-up study on employees who have terminated their work with MPA and have taken up employment in the normal job market. We hope to involve the Department of Manpower in this aspect of evaluation by having Manpower officials aid in the process of finding jobs for MPA graduates and by keeping these officials informed of their employment progress.

A related form of employment evaluation pertains to the Vancouver Opportunities Program. As is indicated in the VOP report on MPA (see pages 95ff.), ten of the 27 MPA-VOP placements returned to the working community in one nine-month period. As VOP does follow the progress of these workers, a basis for evaluation will be provided in the VOP reports on MPA. The objective here, as with LEAP, is to aid "unemployable persons" to re-enter the normal job

market. A principal evaluation criterion will be the degree to which this goal is achieved.

There are several ways in which ongoing evaluation of service programs is routinely accomplished. A built-in form of evaluation exists by virtue of the fact that a great many professionals refer their clients to us and continue to survey their clients' progress in MPA. The feedback from these professionals--as seen in the enclosed letters--constitutes a check on the efficacy of MPA services. This feedback will continue to be sought and, where needed, adjustments will be made based on such feedback.

A further form of continuing evaluation is by the coordinators and members at weekly business meetings. In these meetings each coordinator describes his or her work activities during the prior week and states objectives for the coming week. Group discussion centers on evaluating past activities and on assessing the feasibility of future plans. Program modifications are based on the decisions which arise from the group interaction. These meetings are open to all interested persons, and thus may be attended by LEAP officials in order to observe the ongoing process of evaluation and planning.

The most meaningful form of evaluation must, we feel, be based upon the fullest participation of members, i.e., recipients of services. In October of 1972, a two-day conference was held to evaluate the programs of MPA with a view toward restructuring the organization so as to improve the quality of service programs. More than 100 members participated in this conference. We propose that a similar means of evaluation be utilized at the end of each fiscal year on the LEAP program and that LEAP officials be involved in this intensive evaluation procedure.

Regarding the conference, we recomend the following. Questionnaires will be devised to assess attitudes toward the entire range of MPA services. The questionnaires will be constructed to elicit attitudes toward specific items, and

will also allow for open-ended recommendations by the respondents. These forms will be distributed to all those who have had any involvement with MPA, including residents, volunteers, coordinators, VOP workers, members, service recipients and professionals. Responses will be organized in preparation for discussion during a two-day weekend conference. This material will be considered in small groups, which will work up proposals to be entertained by the entire group on the second day of the conference. This is essentially the format used at the October conference, which proved to be a very successful means of conducting a thorough evaluation and of initiating needed changes in the structure and functioning of the organization.

Organizing a review of this sort requires substantial output of energy. We feel it is highly worthwhile, however, in that it enables democratic assessment necessary for the organization to continue meeting the needs of its constituents.

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6. Information describing how the project will aid those persons not likely to become employed through normal labour market activity or how the project will supply Manpower services to persons requiring them.

Ex-mental patients are one of the most chronically unemployed groups in Canadian society. Psychiatrist, Dr. H.J. Wahler, states in his article, "Abandoned People:"

> "Employers, like other people, are also inclined to reject ex-patients, particularly when they lack the usual employee credentials of regular previous employment and recommendations. A recent survey by Deightman and Marks of employer attitudes toward hiring ex-patients reflect such trends. These workers found ex-patients to be among the low men on the totem pole as prospective employees along with alcoholics and addicts. The fact of being an ex-mental patient is a distinct disadvantage, ut with the added blemishes of not having worked regularly,

> currently receiving treatment (i.e., taking medication) and lacking relevant work skills, the ex-patient was found to be a truly bottom-rung prospect for employment."

There are three principal reasons for the alarmingly high unemployment rate among ex-patients.

1) Many ex-patients lack the continuing emotional strength to succeed in the competitive job market;

2) Discrimination against ex-patients is pervasive in the employment field. In line with Dr. Wahler's contentions, a recent U.B.C. study, supported by funds from the Department of Manpower and Immigration, revealed that, of 18 disadvantaged groups, ex-mental patients were the third most discriminated-against with regard to job opportunities. Even ex-criminals are more favourably treated when applying for work. A review of this study can be found on page 100;

3) In conjunction with points 1 and 2, the very high general rate of unemployment in B.C. guarantees that an excessive proportion of people recently discharged from mental hospitals will remain out of work for lengthy periods. Estimates run as high as 60%.

One of MPA's chief achievements has been in demonstrating that ex-mental patients, who are denied work in the normal job market, are indeed capable of providing useful and vitally needed services within the community. Given the proper context and coordination, otherwise unemployable people can make important contributions in job roles. The letters from professionals, found on pages 67 to111, attest to the worth of services provided by MPA's employees. Of the present 20 salaried coordinators, more than half have been hospitalized and the rest have been treated by private psychiatrists for extended periods. All were unemployed prior to obtaining work with MPA and had found it very difficult to secure or maintain jobs in the normal labour market.

There are additional ways in which the project will aid its employees: first, through the creation of new job categories, and relatedly, through

providing job-training skills which will enhance the person's future employability.

The exorbitant demands placed on mental health professionals as a result of the increasing frequency and severity of emotional problems among Canadians have led to a recognition by the professionals themselves that new job categories must be created in the mental health area. Paraprofessionals, non-professionals and volunteers are finding an ever-growing role in the field.

To quote the Voluntary Action News, the publication of the National Center for Voluntary Action (February, 1973; p. 5): "Because of the severe manpower shortage in the mental health field, attention has been increasingly focused upon expanding the role of existing mental health specialists and creating new roles for so-called paraprofessionals and subprofessionals.

The recently released "Hastings Report," ("Report of the Community Health Center Project to the Conference of Health Ministers") states: "It should be noted that not all skills required are those of health care professionals and technologists, as for example, telephone crisis centers and other forms of "lay" involvement have shown."

Clearly, new job roles for non-professionals are beginning to open in the service fields, and this process is already well under way in the area of mental health. The August 1972 report by the Job Development Project of the Vancouver Opportunities Program states: "The Job Development Project experienced limited success in its attempts to open up paraprofessional jobs within agencies (except notably in the fields of education and health);" (emphasis added).

In crisis centers, in volunteer programs of mental hospitals, in community organizations such as MPA, and in government programs such as the B.C. Youth Development Center, non-professionals are being assimilated into

mental health programs to provide essential services complementary to those of professionals. MPA has played a fundamental part in this trend toward the creation of innovative employment roles.

Job-training is a paramount dimension of working with MPA. The trend within the mental health field is away from academic training to on-the-job training. The experience and skills gained in MPA work are invaluable and are increasingly recognized by adjacent agencies. MPA employees operate in a daily context where actual life-situations must be handled. In line with our emphasis on teamwork, coordinators share information about problem situations in a structured way so as to improve the efficacy of handling job demands. Coordinators are also involved in planning and carrying out training programs for new volunteers.

These experiences are, for coordinators, fundamental learning situations in which transferable skills are systematically acquired. They can be applied in a broad spectrum of situations related to the area of human relations, especially in the paraprofessional roles described above. The sense of responsibility learned in a controlled context of group support increases the person's employability in a wide range of related job fields. At present, MPA is one of the few organizations in which such skills can be acquired and used in preparation for future employment.

This contention, which is central to the present application, is confirmed in the attached letters from professionals. To take one example, the Social Development Officer of the Canadian Citizenship Branch states in the letter on page 76, "Coordinators at MPA, in addition to learning therapeutic skills, also gain much management experience: planning group recreational activities, acquiring and maintaining houses, running farms, contact with landlords, government officials, management of budgets, coordination of staff and their functions. All of these

skills are readily transferable to the general job market." A Counsellor with the Department of Manpower and Immigration states in the letter on page 75 "I . . . have found that the employment experience they offer ex-patients is a legitimate one that prepares them for work on the regular labour market."

The skills which are cultivated in MPA job roles are in fact latent in many ex-patients, who have had first-hand experience of major emotional problems and who can apply this experience to helping others. Until recently, society has not recognized nor of course encouraged the development of such skills. Such recognition and encouragement, however, is currently beginning to emerge. The B.C. Mental Health Branch Newsletter (October 1972), in discussing the function of the Riverview Volunteer Services Department, states, "Some of the most effective volunteers are former patients." We believe that during the next decade, the mental health disciplines will increasingly make use of the skills of ex-patients as new job categories unfold. MPA is currently training such persons to occupy these employment roles.

The foregoing claims regarding the creation of new employment roles and job-training are supported by professionals familiar with MPA in their letters on pages 67 to 92. A further source of confirmation involves MPA's two year connection with the Vancouver Opportunities Program. As many as 20 welfare recipients have worked at any given time in a part-time capacity with our organization. All of these VOP workers are ex-patients and have been classified as "unemployable." The proportion who found jobs in the normal labour market after working with MPA is astonishingly high.

In a nine-month period, ten of the 27 VOP placements removed themselves from the welfare rolls. The report on pages 95ff., "Evaluation of the Mental Patients Association as an Opportunity Placement," states:

> "The fact that ten people in nine months have been able to return to the working community, whether as volunteers,workers or students, is a statistic that cannot be quoted by many other self-help groups, and certainly not by one that has mental patients as its membership. . . . MPA is a model self-help group and provides a very real service to its specific group of people and to our community. The shelter offered affords those lacking self-confidence the opportunity to re-enter society in a gradual and positive manner."

Mr. Walter Boyd, Director of the Department of Welfare and Rehabilitation, states in his letter on page 94, "I am very pleased to see the tremendous benefits that are being derived from the cooperative working relationship between the V.O.P. and your organization. The results are indeed remarkable."

The main objective of MPA's programs is to help people through emotionally turbulent periods so that they can resume useful and productive lives in the larger community. Many ex-patients fail to achieve this goal in normal employment situations because they periodically, not continuously, require emotional support and understanding beyond what can be expected within the normal job structure. Many quit or are fired because of a cyclic, temporary crisis during which job demands should be, but are not, relaxed. Thus a person who is inoperative for three two-week periods each year may remain unemployed all year because he cannot perform his job functions during the crises. An accumulation of such experiences naturally tends to undermine confidence and, out of fear, to repel people from making further job applications.

It is in relation to this point that MPA coordinators receive special, ...ded consideration. Because the group shows understanding toward a pro- ...ctive employee who occasionally requires alleviation of his usual job demands, a coordinator can weather emotionally turbulent periods without losing his job or the support of his fellow workers. He is thus helped to resume his responsibilities without having suffered stigam or loss of face. This support con- ...ributes greatly toward self-confidence, which is often transferable to other,

normal job contexts.

And when an MPA coordinator or member does secure a regular job, he will return to the group during a crisis period to receive the support needed to maintain the job. This point is confirmed by Dr. W.H. Bridge, Coordinator of Adult Psychiatry for the province of B.C. One of the top officials in the Mental Health Branch, Dr. Bridge states in his letter on page 67,

> "It is clear that while getting a job is very difficult for large numbers of ex-mental patients, the difficulty is further aggravated by the high rate of failure in jobs that have been found by members of this group, if they do not receive support and guidance to enable them to ride out the difficulties of the early weeks and months of a regular employment situation. This seemed to me to be one of the areas in which your organization has been particularly successful in supporting and guiding the members."

As this and the accompanying letters indicate, our record as regards helping people return to gainful employment is a central confirmation of our success in producing self-sufficiency. This claim is true of volunteers, members, VOP workers and coordinators, all of whom show a higher likelihood of securing employment following a period of involvement with MPA.

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7. Other Community Benefit.

Before discussing other community benefit, let us briefly review the community need as regards mental patients and ex-patients.

Dr. Gordon Paul, in an extensive review of programs concerned with mental patient care, concludes that, ". . . the greatest weakness to date has been in the failure to include provision for community support and follow-up." And describing the situation in the United States--which is not appreciably different from that in Canada--the Joint Commission on Mental Illness and Health states: "Aftercare services for the mentally ill are in a primitive stage of development almost everywhere. Where they do exist, services and agencies

caring for the former patient tend to split off from mental patient services as a whole, and further, to approach the patient's problems piecemeal."

These quotes certainly describe the situation in the Vancouver area, where transitional facilities for patients leaving hospital are urgently needed. Other than ours, there are in Greater Vancouver only two such facilities (i.e., which provide care-programs) and these accommodate 25 patients. This in a region where there are more than 4,500 inpatients at any given time!

The imbalance between the demand and the facilities to meet it is staggering. Statistics show very clearly what happens to discharged patients when confronted with inadequate (usually non-existent) aftercare services. For many patients, the break between the sheltered milieu of the hospital and the often hostile climate of the community is too drastic. The Los Angeles Suicide Prevention Center found in a continent-wide survey that fifty percent of patients who commit suicide do so within three months of discharge from a mental hospital. And according to the B.C. Government Mental Health Branch Annual Report, 1971, two-thirds of psychiatric admissions are re-admissions. Most patients who return to the community will later be re-admitted to hospital. The Joint Commission on Mental Illness and Health reports that re-admission rates have tripled between 1955 and 1968! The Mental Health Branch Newsletter (September, 1971) shows that the situation in B.C. is comparable as regards soaring re-admission rates.

Clearly, the solution to this intolerable situation lies largely in the creation of supportive, aftercare facilities within the community. Mental health professionals and hospitals obviously cannot handle the demands made upon them. Dr. George Stevenson, former Medical Director of the National Committee for Mental Hygiene states:

> ". . . every psychiatrist remembers men and women who could have been helped to get well faster and protected from relapse if there had been a service extending care and study outside the office, hospital or clinic and offering information and encouragement enabling them to meet and understand the difficulties with which they were confronted. Such help, we have come to believe, is as essential to the recovery, rehabilitation and continued health of a patient as is insulin to the care of a diabetic. In some cases, it means literally the difference between life and death."

Emotional problems are so pervasive in our society, and the facilities to handle them so inadequate, that a national program of community mental health resources in desperately needed. As detailed throughout this application (especially in Item 4), our organization has taken important, concrete steps toward developing such community-based resources. Given further funding, we will continue to serve those members of the community so generally otherwise ignored.

There are multiple benefits thus accruing to the community as a result of MPA's service programs. First and most obvious are the benefits to the recipients of the services. Described in detail above, they include: the creation of a supportive micro-community for people who have been ostracized from the larger community; crisis and suicide prevention services; an opportunity to become involved in useful work activities; residential facilities for 41 discharged patients; and help in re-assimilating into the general community in regard to housing, family, employment etc.

Community Benefit in the Form of Public Financial Savings

Although MPA is primarily a service organization concerned with people, there is an undeniable economic dimension to our work. We would like now to discuss the ways in which MPA's programs result in major savings to the public treasury.

Firstly, benefits arise from the fact that MPA's services help recipients to become self-supporting. Mental patients and ex-patients tend to be dependent on state funds for their subsistence, first during the period of hospitali-

zation and later when they receive welfare payments, as most do. As mentioned above, one of MPA's main accomplishments is in helping discharged patients to acquire the skills and confidence for becoming self-sufficient members of the community.

Once discharged from hospital, the person's chances of securing gainful employment increase markedly through his or her involvement with MPA. This fact is documented in the Vancouver Opportunities Program report on MPA found on pages 95ff., and in the many letters from professionals found on pages 67ff.

A more major way in which our programs make a financial contribution is related to MPA's cardinal goal of helping people to conquer emotional problems outside of hospital.

Because hospital costs are far in excess of MPA's (in fact of any community-based service's) each patient-day spent outside of hospital represents considerable public savings, a fact which will be documented below. The B.C. Government recognizes the unnecessary cost of inpatient facilities and will be establishing programs under the direction of Dr. John Cumming to replace costly and inefficient inpatient services with community programs. In his report, Dr. Cumming states: "A majority of patients in inpatient facilities . . . need neither the support nor control of such a service. Therapeutically and fiscally, inpatient treatment should be minimized." He goes on to say that "the Community Care Service is aimed at replacing expensive inpatient services with less expensive community services."

The Report of the Community Health Center Project to the Conference of Health Ministers (i.e., the Hastings Report) states:

> "It is generally accepted that the greatest potential for economies in the use of health care resources lies in reducing expenditures in the largest and most rapidly growing area of spending within the health services--the hospital. . . . But the chief means of controlling costs within the hospital is to be found in a reduction

> in the present acute bed/population ratio and a consequent reduction of inpatient services and facilities. Increased emphasis on alternate forms of care, such as extended care facilities, home care programs and community health centers, are seen as ways of achieving this goal."

There are three principal ways in which MPA's services reduce public health expenditures via enabling people to remain out of hospital.

1) Early hospital discharge. Many people are retained in hospital beyond the point of recovery because they have no housing accommodations or family to which they can return. By providing 41 beds in our four residence, patients can be discharged earlier than otherwise.

2) Decreased re-admission rates. B.C. Government figures show that at least 61% of inpatient admissions are re-admissions (Mental Health Branch Statistical Report, 1970). Of all Riverview inpatients in 1960, 90.0% were re-admitted to the same facility between 1960 and 1969 (i.e., 59.2% were re-admitted once; 36.6% were re-admitted two to five times; and 4.2% were re-admitted six or more times. Source: Mental Health Branch Newsletter, September, 1971, pages 6-7). The chief reason for this staggering rate of re-admissions is the lack of supportive community facilities. As has been documented above (page 7 , and attached letters of support) MPA's drop-in and activity programs as well as the residence program produce a highly significant reduction in the number of hospital re-admissions.

3) Circumvention of first hospital admissions. Many people contact MPA who have never been admitted to hospital, but who are at the time entering a period of crisis and emotional breakdown. Many of these people avoid entering hospital as a result of the supportive intervention of MPA's crisis and activities programs.

Let us now consider in a conservative light the public financial savings which ensue from our programs. First we might briefly review the fiscal con-

ditions of inpatient hospital treatment. Fifty percent of Canadian hospital beds are occupied by mental patients. In B.C. it costs the taxpayer an average of $20 per day for each inpatient. These per-diem rates vary from $17.66 at Riverview Hospital to $80 at U.B.C. Health Sciences Center Hospital. (source: Mental Health Branch Annual Report, 1971).

MPA's four residential centers have a capacity of 41 beds, all of which are filled at almost all times. At a conservative estimate, 20 residents would be in hospital at any given time were it not for MPA's facilities. Of our 150 weekly drop-ins, a bare minimum of 25 would be hospitalized if they did not have access to the drop-in center programs and activities.

Thus at any given time, at least 45 people are not occupying hospital beds who otherwise would be. At the hospital inpatient per-diem rate of $20, this amounts to a gross public savings of $900 per day (i.e., $20 x 45), or $328,500 per year (i.e., $900 x 365).

To support the program which will enable 45 persons at any given time to remain out of hospital and in MPA facilities, we are requesting from LEAP a three year grant of $138,000 annually (i.e., 20 salaries at $100 per week plus employee benefits plus overhead costs).

By enabling 45 persons to remain out of hospital, our programs thus represent an annual net public savings of more than $190,000 (i.e., $328,500 minus $138,000).

It can be argued, and rightfully so, that in all likelihood many of the 45 persons will be unable to be employed during the time when they would otherwise be hospitalized, and that therefore many will be receiving welfare payments during the period of incapacitation. To take the most conservative estimate--that all 45 are on welfare--this represents a public expense of $55,080 in annual welfare payments (i.e., 45 x $102 per month x 12 months). Taking

this figure into account adjusts the annual net public savings resulting from MPA's programs to slightly more than $135,000 (i.e., $190,500 minus $55,080).

These figures are summarized in the following Table:

TABLE 1

Government Costs and Savings Comparing Public Mental Hospitalization Inpatient Care with MPA Programs for Forty-Five Patients

	Mental Hospitalization	MPA	Savings
Patient per-diem rate	$20	$8.40	$11.60
(x 45)			
Per-diem rate for 45 patients	$900	$378.00	$522.00
(x 365)			
Annual Rate for 45 patients	$328,500	$138,000.00 (requested from LEAP)	$190,500.00
Annual welfare rate for 45 persons	-	$55,080.00	- $55,080.00
Net annual public savings			$135,420.00

It should be kept in mind that this annual savings of $135,000 pertains only to the 45 persons who would otherwise be hospitalized. In fact, this figure would be far higher if it took into account the additional community benefit arising from: the creation of 20 jobs for unemployed people; the job-training components of this employment; keeping people off welfare by helping them to maintain jobs during emotional crises; and the services to those hundred of members who, though they might not otherwise be hospitalized,

still obtain a very wide range of benefits from MPA's programs.

To quote Dr. Wähler, ". . . the increased productivity and decreased hospital dependence of ex-patients or potential patients assisted by such (community-based aftercare) teams would repay the monetary costs many times over. Humanitarianism, increased opportunities for paraprofessionals and possibilities for extending knowledge and improving methods would all be gravy."

These facts are readily acknowledged by professionals and government officials familiar with MPA programs. The letters on pages 67 to 92 are statements by prominent officials regarding the highly economical roles MPA is playing in the mental health field.

In summary, a grant through the Local Employment Assistance Program will not only create additional employment, provide invaluable job-training and contribute essential services to the community, but will also result in annual net savings in excess of $135,000 in public funds.

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8. An assurance that services to be provided are not a duplication of, or in competition with private enterprise or services more appropriately provided by some other Department, Program, Agency or level of Government.

As private enterprise is not engaged in the provision of any services comparable to MPA's, there is no conflict of interest in this area.

There are of course other agencies and government programs serving mental patients. Almost none however provides a continuity of care in the form of follow-up services for discharged patients--a principal reason for the alarmingly high re-admission rates. It was in fact because of the paucity of such services that MPA was founded, and because of the excessive unmet needs in the

area of aftercare that we have grown so quickly. This is to say that there is no danger of duplication of services in the area of aftercare--MPA's chief domain.

To re-quote Dr. Gordon Paul: ". . . the greatest weakness to date (in mental patient care) has been in the failure to include provision for community support and follow-up." It will be a distant (and happy) day when sufficient numbers of aftercare programs exist such that it can be said they are duplicating each other's services.

As regards competition with other programs, the enclosed documents (pages 67 to 111)make it evident that MPA's relationships with other agencies is cooperative rather than competitive. Our services are integrated with those of mental hospitals, psychiatrists, social workers and other mental health professionals and groups. They call upon our resources regularly through client-referrals. Prior funding from all levels of government attests to the cooperative relationship in these areas.

To a very great extent, MPA has already been assimilated into the network of mental health services and is involved in relieving some of the exorbitant pressures placed upon government and other agency programs in mental health.

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9. Geographic area and C.M.C.(s) involved.

The Greater Vancouver area, the Haney area and relevant C.M.C.'s.

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10. Recruiting procedures.

We propose that applicants for the twenty positions be recruited through two main sources: Canada Manpower Centers and the MPA membership.

In line with MPA's policies, salaried employees have always been placed in positions through election by the membership at general meetings. This democratic procedure is inextricably a part of MPA's philosophy and accounts in large part for the high morale and cohesiveness of the organization. We thus request approval to continue electing applicants to vacant posts.

In the past, many employees have been elected who have been referred by Canada Manpower Centers. Those who have been elected directly from the membership have, with the approval of the Department of Manpower, been allowed to register at a C.M.C. subsequent to the election, if they were not so registered previously. We would like to continue with this procedure, which will mean that all employees will be registered at a C.M.C., either before or immediately following their election.

There are several reasons for permitting hiring directly from the membership. First, a very high percentage of our members are unemployed and many are technically classified as "unemployable." Despite this classification, however, it has been a primary achievement of our organization that many "unemployable" people have managed to undertake responsible, salaried positions within the group (see Item 6 above).

These people have demonstrated their commitment and ability through periods of unremunerated work or through minimally paid work on the Vancouver Opportunities Program. During these periods they have proven their capabilities to the membership, which has led to their election. The VOP is in fact designed to aid "unemployable" people to make the transition to gainful employment. Many have been elected to MPA salaried positions (in transition into the normal

labour market) and have registered with a C.M.C. after their election. We would like to have this avenue of recruitment left open.

A main thrust of this application is that MPA hires people who have a low likelihood of obtaining employment in the competitive job market, but who will have a higher likelihood following their period of work with our organization. Whether it is mandatory that workers be hired through a C.M.C. or simply that applicants be referred by C.M.C. for possible employment, we do request that every consideration be given to referring ex-mental patients. Such persons are among the most discriminated-against in the employment field and thus among the most chronically in need of work. It is these people whom MPA is designed to serve and whom we most wish to employ.

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11. Expected start date.

June 1, 1973.

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12. Expected duration.

Three years (i.e., from June 1, 1973 to May 31, 1976.

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13. Description of how the project will be managed and directed.

In the past 2¼ years, MPA has demonstrated project management and direction which has enabled rapid and responsible growth in the scope of our service programs. The number of facilities has increased from one to five. Membership has increased six-fold. Grants have been obtained from all levels of government.

The professional community has supported and made regular use of our facilities.

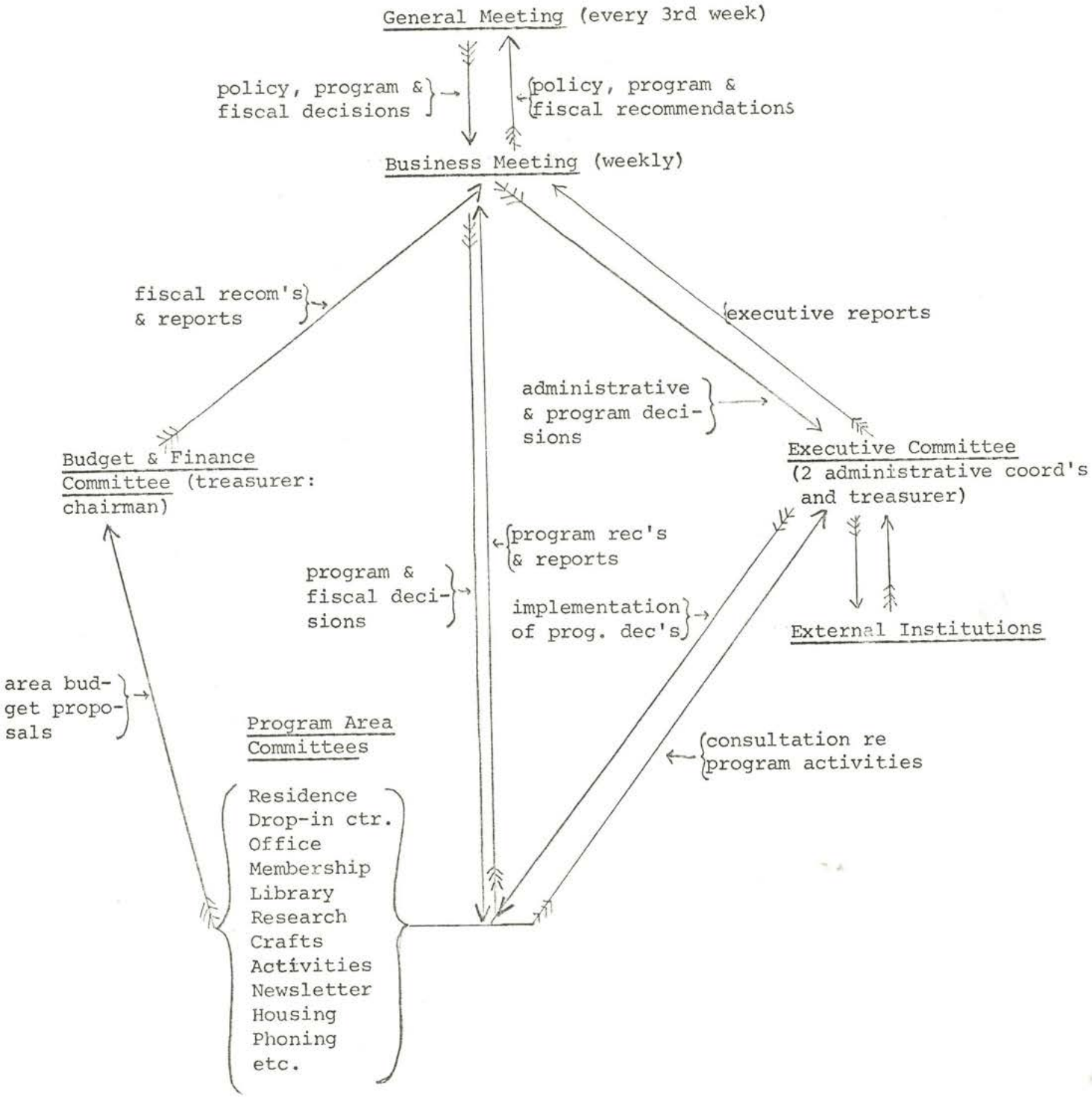
During this period, the same three officials (two administrative coordinators and the treasurer) have served as the executive committee and have taken principal administrative and fiscal responsibility. They will continue in this capacity in the future.

The treasurer has previous experience of 20 years as an auditor and accountant including five years as a Treasury Auditor with the Office of the Comptroller of the Treasury and four years as a payroll officer with the Department of National Revenue. He will continue to administer the funds and maintain our bookkeeping system in the same thorough manner which has satisfied previous auditors.

The diagram on the following page indicates the decision-making and administrative structure of the organization, and will be described below.

DIAGRAM 1

Administrative Structure



Let us briefly describe the operations of the foregoing structure. In line with the democratic philosophy of MPA, the general membership meeting has ultimate powers as regards all general decisions of policy, programming and finances.

The weekly business meeting, made up of all salaried coordinators and any interested members, is the operative nucleus of the group in regard to the regular implementation of general meeting decisions. The business meeting thus discusses and refines area budget proposals from the Finance and Budget Committee. It discusses program recommendations from individual representatives of the program areas. Fiscal and program proposals are worked up for presentation to the general meeting.

General meeting decisions are discussed at business meetings with area representatives and with the executive committee where plans for implementation are laid out. On a daily basis the area representatives work with the executive committee regarding administration of programs and budgets. The executive committee thus acts as administrative liaison between the program areas and the business meeting to oversee the routine operations of the group.

In practice, of course, the workings of the structure are not as clear-cut as they appear on paper. However, they do approximate the theoretical model, which has evolved over the years through a process of trial and error, growth and experimentation. The Re-structuring conference, discussed on page 33, was instrumental in producing the structure shown here. This structure combines what we believe to be the most suitable mixture of two features: namely, 1) administrative efficiency, and 2) involvement and participation of the greatest number of members.

We feel the structure is strong proof that a fairly large organization can carry out service programs in a democratic way without alienating the participa-

tion of members. MPA's history has shown that responsible project management has evolved largely because members have been included in the decision-making process.

We thus propose to continue within the basic framework of this structure, making whatever modifications prove necessary as new needs develop. The annual re-structuring conference will provide a thorough evaluation and will establish guidelines for future structural changes.

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14. Is a developmental phase required?

As MPA has been in operation for more than two years, we do not feel a developmental phase is necessary. The only major addition proposed beyond our present program is the opening of a new residence which should be quite stabilized by the time a decision is made on this application.

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15. If so, describe.

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16. Has (or is) the project receiving funds from this Department?

Yes.

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17. If so, describe.

Our organization has received two grants through the Local Initiatives Program. The first commenced December 16, 1971 and was extended twice to November 30, 1972 (Project Number 51163; funds from this grant totalled $75,426).

The second Local Initiatives grant runs from December 1, 1972 to May 31, 1973 (Project Number X 1377; total - $45,630).

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18. Names of Federal, Provincial or other Agencies contacted for assistance in providing any capital costs required, i.e., building materials, machinery, tools etc.

In December of 1972, our organization requested funds from the Mental Health Branch of the Provincial Government to purchase a 16 passenger bus to be used for the purposes described on page 21.

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19. If so, results of the above contacts.

We have been informed by Mr. Alex Porteus, Assistant Deputy Minister of Mental Health, that our request has been approved and that funds ($5,700) for the purchase will be forthcoming in the near future.

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20. Potential to become self-supporting.

Potential to become self-supporting can be viewed in terms of either the organization as a whole or of individual members within it.

As regards individual members, it has already been stated that, in the absence of aftercare services, a large percentage of ex-patients remain chronically unemployed and depend upon the state for their support in the form of either welfare payments or institutional costs during periods of hospitalization. We have discussed at length the ways in which MPA's services enable individuals to become either wholly or relatively self-supporting (see Items 6 and 7 above).

A substantial proportion of members are able to obtain employment as a result of involvement with MPA. Through participation in a supportive community, individuals acquire the self-confidence and social skills requisite in normal employment situations. The job-training components attendent to working as a coordinator or VOP worker are transferable to other job situations.

Many members thus become wholly self-supporting following their involvement with MPA. And those members who remain unemployed (but who would be hospitalized were it not for MPA's residence and activities programs) require far less in the way of state funds for their support (see Table 1, page 46). As the accompanying letters attest, our objective of helping individuals to become emotionally and financially self-supporting is being met to a considerable extent.

In his letter on page 68, Dr. W.H. Bridge, Coordinator of Adult Psychiatry for the Province of B.C., says of MPA:

> "The Association's programs for its members in training them in the realities of survival in socially and economically difficult situations have, I know, been of great value in sustaining many people and enabling them to reach a point at which they could improve their own situation and move to a self-sustaining position which they had not been able to achieve before."

Regarding the relationship of aftercare programs such as MPA's and possibilities for self-sustainment, Dr. Wahler writes:

> "The majority (of ex-mental patients) reside in the community for varying time spans and are periodically rehospitalized. With the sustained care that could be provided by developmental aftercare teams, 35 to 50 percent of those served could become self-sustaining people within a year and sometimes less. Another 30 to 40 percent could remain out of mental hospitals. In addition, a potential bonus lies in the fact demonstrated by Dr. Frederick Thompson's Intermediate Quarters Program in Washington State that as many as 30 percent of the very long-term, hard-core patients (i.e., average hospitalization over 15 years) can become self-sustaining when provided the aftercare they need over a sufficient period of time" (emphasis added).

The question of MPA's potential to become self-supporting as an organization is more problematic. Since we are a service organization and not a business, we do not anticipate engaging in commerical enterprises which would generate income to support the services. Doing so would draw us too far from our principles and goals.

Because mental health services fall squarely and almost exclusively within the domain of government, it is expected we will continue to rely on public funding in one form or another. As discussed in Item 5 above (pages 28ff.) it is hoped that within the next three years we will be able to purchase and license boarding houses and to receive payments from the Department of Rehabilitation and Social Improvement for services to residents.

Presently most boarding houses are operated by private parties and much of the government payments go toward the private profits of the operator. This income could be used by our organization to pay supervisors' salaries and to provide service programs, which do not exist in boarding houses as presently operated.

There are, however, many bureaucratic obstacles to purchasing and licensing boarding houses and these goals are viewed as quite long-term. When they are attained, our residence program will be financially guaranteed, and we will then require special funding only for the non-resident facets of the program.

More detailed information on MPA's potential to become self-supporting and on our relationship in this regard to the Local Employment Assistance Program can be found on pages 29ff.

In closing, we would like to reiterate a point summarized in Table 1 on page 46: namely that although MPA does receive funding from government sources our programs are in a sense more than self-supporting since we save the government far more than is represented by the grants received.

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