

GROUP FACES BIGGEST CRISIS YET

on violence & mpa

MPA has long fought against the stereotype of the violent mental patient. We have often quoted statistics which show that patients are not more violent than non-patients.

Our own experience over the past 2½ years has supported these statistics. Although we have had our share of property damage (108 cups and 76 windows according to the MPA Bureau of Statistics) there have been no incidents of serious assault on other persons.

can be vented within the boundaries of MPA and not in the outside community where they will be less tolerated and more dangerous. Unquestionably, we have prevented many minor crimes of violence by providing an atmosphere which can cushion and re-direct destructiveness. The group acts as a kind of safety valve to release pressure before it becomes truly dangerous.

If you were to add up all the damage at our centers over the

other people?" I would usually sidestep the question by replying that this is a very, very rare occurrence and that you don't want to create laws affecting thousands of mental patients to take account of one or two homicidal people.

The issue here of course has to do with involuntary commitment. As a last resort, defenders of commitment often argue that involuntary procedures are necessary as a means of incarcerating potential murderers before they have the chance to kill. Using such rare instances to justify widely applied repressive laws is often a red-herring. In the past, it has been especially easy to psychologically dismiss that line of thinking because MPA had never had to contend with murderous violence.

NEARLY FATAL

In early July, however, we as a group faced our most serious crisis when one of our long-standing members lost complete control and committed two very serious acts of aggression, the second nearly fatal.

Shock waves shot through the group as we strained, hour by hour, to deal with a horrifying situation.

It was almost impossible to believe that this person, whom we all knew and respected, had suddenly transformed into someone who was dangerous and unreachable. The top priority, we all realized, was to prevent injury. But there were other priorities. We did not want to commit the person against his will unless absolutely necessary. We tried to reach him on a human basis and to convince him through reason as well as compassion that violence against other people is wrong. Further, we wanted to handle the situation in a self-sufficient way so as not to have to call in the police. We tried, unsuccessfully, to convince him to enter hospital voluntarily.

In such an extreme crisis situation, there were no pat formulas to fall back on. We groped frantically for a solution. Increasing numbers of people got involved. Phone calls went back and forth to alert people to the possible dangers. We endeavored not to leave the person alone but to have others with him constantly.



This in itself is quite a remarkable record considering that our door is open to anyone -- sometimes because there's no glass in it.

TWO TYPES OF VIOLENCE

The group has always tended to distinguish between two types of violence: one against property and the other against persons. While we have not condoned property damage, neither have we come down very hard on it. Sometimes we ban the person for a period of time; sometimes we ask him or her to repair and pay for the damage; sometimes, if the person is extremely disturbed, we let it pass.

There are so many people wandering around in this society bottling up their rage. At times, breaking a window may be the least destructive way of expressing anger. In fact, one of the real functions MPA provides in the community is to focus certain violent urges so that they

years, it might come to a few hundred dollars, a small price to pay for safely containing what could have been seriously harmful behaviour.

But dealing with property violence, while it is a nuisance, is really kid's stuff.

THE REAL ISSUE

The real issue is violence towards people. This is where the group has drawn the line. Though, if the truth be told, there was not much of a line to draw. The record --if we kept records--would show no occurrence of major assault and a handful of incidents of minor assault -- pushes, slaps and punches. None of these came close to posing a threat of serious injury.

I have often drawn on this basically peaceful history in discussions on the violent mental patient. People would say, "Well, what do you do about someone who goes completely crazy and tries to kill

It was recognized that if violence cannot be handled within the MPA community, then incarceration must be considered. In these situations, quick decisions must be made but over-reactions must be avoided. Easy to say and hard to do. The special meetings on violence recommended that, wherever possible, a group ought to be involved in making the decisions.

Included in the minutes of the meeting are the following proposals:

"1. Situations should be assessed as they develop, using group wisdom, not the intuition of individuals, to determine if the situation is really extreme, i.e., decisions as to whether we need outside help or whether MPA can deal with it alone.

2. If a person must be sent away from the drop-in center, we must make sure at least one other person goes along to deal with the person and keep him/her out of trouble.

3. If the need is great enough to go beyond 24-hour constant care, then a hospital should be considered. This proposition must be put to the person as often as possible, no matter how freaked out, to make him understand what may happen.

4. When a situation is prolonged and there are several people in different centers involved, information must be passed between these persons.

5. Take freak-outs more seriously. There is a distinction between acting crazy to let off steam and an actual, serious freak-out. When persons are in danger, there is still reluctance to call for outside help. We should not be so reluctant to realize that hospital may be the only alternative. We must look into other procedures -- e.g., Form A warrants, cops or mental health act."

Recognizing that state institutions may be necessary in some cases does not indicate a "shift to the right". While MPA continues to oppose involuntary commitments where no criminal activity is involved, we obviously oppose violence against persons. Dangerous people must be incarcerated for the protection of others. Threats of assault are offenses under the criminal code. In cases where the threats are serious, we must be prepared to use legal channels to have the person confined.

Keeping in mind how very rare these cases are, and without losing sight of principles of individual freedom, we must be prepared to take dramatic steps to prevent vio-

lence.

The revised mental health act written by MPA proposes that one of the only allowable grounds for involuntary commitment be dangerousness to others. Our section is similar in many respects to the present California act which states that a person may be committed for 90 days if it is demonstrated that he has "...attempted or inflicted physical harm upon the person of another...and presents, as a result of mental disorder, an imminent threat of substantial physical harm to others."

Given our recent experience, we cannot see any way around having such a clause in the mental health act. To ensure that the procedure is not abused, stringent and frequent reviews and appeals must be provided for. The use of the procedure, when used judiciously, can be of benefit to the dangerous person, himself, by preventing an assault which could result in a far lengthier confinement. Ninety days of prevention is worth a lifetime of cure.

The special meetings on violence agreed that we must give much more serious consideration to the issue of dangerous behaviour. A Committee therefore was struck to organize a crisis training program (our third since MPA began).

The committee's objectives were defined as follows: "To cover areas of crisis, legal procedures, police dealings, medical emergencies and group work with heavy situations. People in the committee are to prepare a manual updating previous handouts on procedures in these areas. Sessions hope to include group work, role playing, and video tape aids."

The episode of violence which sparked all this activity has had as happy an ending as could be hoped for. The woman who was attacked is coming along well and will hopefully be moving back into the residence soon. Her parents have been remarkably understanding and supportive of our efforts through this terrible ordeal.

The person who committed the attack is in custody and will likely be incarcerated for some time, but it is impossible to tell at this point. He has had many visitors from MPA and is receiving a lot of compassion through this horrible period in his life.

The group has held together through the experience and in many ways is stronger for it. We have all had a very sobering lesson.

- Lanny Beckman

After the first serious assault, the logic of events took over. There was no choice. We were in over our heads and the police had to be called. They apprehended the person and took him to VGH. We all counted our blessings that his victim was not seriously hurt.

Then irony of ironies: the hospital released him! There was MPA, stalwarts against involuntary commitment, calling the police. And there was the hospital, renowned for devouring civil rights, releasing a truly dangerous person.

TOO CLOSE

To say the least, we were astonished. We knew we had a very serious problem on our hands. Despite the intensive efforts of a dozen people, the person slipped away and returned to one of the MPA residences late at night, where a vicious attack occurred. We again called the police and prevented the person from escaping until they arrived. Very luckily, the victim of this attack survived and is now recuperating in hospital in good condition.

The whole episode was far too close for comfort and we have been forced to re-think many of our basic principles and strategies concerning violence and commitment. Two special meetings, totalling 8 hours, were held to deal with the aftermath of the situation. We went over the detailed circumstances leading up to the attacks so as to prevent false rumours from circulating. We discussed how to support the victim and her parents and how to support the residence where the attack occurred. The entire episode was re-hashed in an effort to understand where we failed and what could be done to prevent future occurrences.

WHAT TO DO

The group agreed that it is impossible to set out firm guidelines for dealing with extreme crisis situations. To a large extent you have to rely on spontaneous judgment, balancing the rights of the potentially violent person against those of his potential victims. The more likely violence is to occur, the more important are the rights of potential victims.