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Journal

# Visions

## Community Inclusion

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How welcoming is *your* community?

What are the ways individuals,  
organizations, and communities  
include or exclude people?

How can we be more inclusive?

is a quarterly publication produced by the Canadian Mental Health Association, BC Division. It is based on and reflects the guiding philosophy of the Canadian Mental Health Association, the "Framework for Support." This philosophy holds that a mental health consumer (someone who has used mental health services) is at the centre of any supportive mental health system. It also advocates and values the involvement and perspectives of friends, family members, service providers and community.

In this journal, we hope to create a place where the many perspectives on mental health issues can be heard.

The Canadian Mental Health Association is grateful to the Ministry of Health, who has assisted in underwriting the production of this journal.

The Canadian Mental Health Association invites readers' comments and concerns regarding the articles and opinions in this journal. Please send your letter, including your name, address and phone number to: "Visions" Editor, Canadian Mental Health Association, BC Division, Suite 1200 - 1111 Melville Street, Vancouver, BC V6E 3V6 or e-mail to: [dellery@cmha-bc.org](mailto:dellery@cmha-bc.org)

The opinions expressed are those of the writers and do not necessarily reflect the views of the Canadian Mental Health Association, BC Division or its Branch offices.

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## Inclusive communities begin and end with reducing stigma

This edition of *Visions* provides us with a wide variety of approaches to inclusion.

The variety is sufficiently broad that it forces us to think about what we mean by "inclusiveness" and what it should look like. It also makes us consider an apparent dilemma between developing specialized programs that only serve, and hence, tend to isolate, people with mental illness as opposed to accessing existing programs that serve the entire community but may not be sensitive to the needs of people who have had a mental illness.

First the dilemma.

Focused programs may be seen as the most effective way to ensure that the special needs of people with a mental illness are served.

The reprinted article by David Leeper on a housing project in Brooklyn is a good example of a highly specialized community that responds very effectively to the comprehensive needs of a group of parents and their children. All participants have in common the fact that each has had a mental illness. It sees their needs as a comprehensive whole and provides an inclusive and supportive community. The reality of relapses and hospitalization are well understood and accommodated in ways that are least disruptive to ongoing recovery and the stability of the children's living arrangements. There are many examples of such settings in our field - clubhouses, drop-ins, housing projects. They



John Russell is the former executive Director of the Greater Vancouver Mental Health Service, and has been involved in the administration of mental health services in BC for the last 15 years.

create a community for people with a mental illness and often respond to a broad range of needs for care, advocacy, shelter, nutrition, social activities and, above all, understanding and support through crises. Such communities, however, are often somewhat separate from mainstream society and may be limited in their ability or intention to help their members be included in the broader community.

The article by Dena Ellery on M2W2 in Abbotsford illustrates the other end of the continuum. M2W2 is also a program dedicated to providing inclusive supports for individuals who

have a mental illness. It relies on putting in place a tailor-made set of supports for each individual. It is neither a place nor a group of staff providing a program. It is a process of creating a unique and self-sustaining network that surrounds each individual with the supports and services they need to live in their community. The model does not rely solely on the services of the formal mental health system, indeed its only worker, Chris Boisvert-Gilman, reports that the formal system is often too inflexible to provide what his clients really need. He prefers to turn to other resources in the community.

Both of these models are valid. So are the other examples in this edition. Many consumers will tell you that a specialised community of people with a mental illness is the secure and supportive base that they need for recovery. Others would much prefer to be able to pursue their

*Continued on opposite page*

## GUEST EDITORIAL

goals through involvement in the community at large. Unfortunately, for these individuals, we may have far fewer examples to point to.

So what would inclusiveness look like?

We will have achieved inclusiveness when consumers are able to make real choices about the community they want to be included in, have real options and experience no barriers to their participation.

**Real Choices** - people who have a mental illness want to be a part of the communities in which they live. That community will be different for each individual and it must be the consumer who decides who will be in their personal community. For some that means being part of a clubhouse or housing project. For others it means being able to get involved in organizations or activities in the community that reflect their interests and preferences.

Real choices implies that people have real options.

**Options** - a greater emphasis on inclusiveness would require the specialized mental health services to do more to attract people from the community into their activities, perhaps as volunteers or as participants who enjoy the same kinds of activities. This edition has a good example in the Friends of Music Society, which appeals to people both with and without a mental illness who share a common interest in making music. Organizations and groups in our communities could also be encouraged to be more inclusive of people with a mental illness. We should balance the development of specialized services with providing unobtrusive supports for people to be able to use the services that are already there. A good example is supporting individuals with finances and a mentor to attend a local college.

Choosing an option, of course, requires that there be no barriers.

**Reducing Barriers** - most consumers will be quick to let you know about the

barriers that exist to their participation in community. There are the really practical barriers such as having sufficient money to participate, being able to afford clothing and personal care costs that make it possible for individuals to feel comfortable in a group, having a mentor to break the ice and being able to afford the transportation to get to and from activities without having to go without a meal.

And then there is the barrier of stigma. Inclusion would be more easily achieved if stigma were reduced or eliminated. There are several examples in this edition of programs that attempt to reduce stigma through inclusiveness, participation and education. These programs must be applauded. There needs to be more support for programs like this and a much broader attack on stigma because the reduction of stigma will foster inclusiveness and inclusiveness will reduce stigma.

## EDITOR'S MESSAGE

How welcoming is your community? This is the question we are all challenged to ask in this issue of *Visions*. We can learn from the Association for Community Living, who work with people who have developmental handicaps, or delays. From them we learn how it is possible to see people with disabilities as equals, accepted equally in their communities.

When will people with mental illness be considered as equals? And when will our communities have the level of compassion, understanding and knowledge to be truly welcoming places? Are our workplaces a welcoming place to be if we have a mental illness? Could I be open and honest about my illness there? How about at my church? How comfortable and accepting would my fellow parishioners be? Or my school. If I'm a high-school student, is it okay for me to get

help for my depression openly? Who could I tell if I'm having a problem?

These are the large questions. For now, the answers come in smaller ways, as this issue outlines. A welcoming community starts with changing attitudes one person at a time, as reported in the national inclusion project. Sometimes it starts out of a crises, as in Salmon Arm. And it begins with the skills of speaking our truth, as well as listening.

Ultimately, the answers come in building relationships. With

each other, with groups of like-minded people, and with the people whose paths we cross each day. Each of us has the responsibility to create a caring and welcoming community by how we act, how we listen or how we respond in the moment where our paths cross.

Your comments are always welcome. Send them to [dellery@cmha-bc.org](mailto:dellery@cmha-bc.org), or fax us at 604/688-3236.

*Dena Ellery is general editor of Visions: BC's Mental Health Journal.*

## DEAR EDITOR:

I am a nursing instructor who teaches a course in Mental Health Nursing to students of the Nursing Program at BCIT. I want to commend you on your Spring 1998 issue of *Visions: BC's Mental Health Journal*.

The focus on mental health and mental health promotion was very informative. It has provided me with new information and ideas to include in our Mental Health Nursing course, which is currently being revised.

Linda Barratt  
Instructor, Nursing Program  
BCIT

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# National project finds unearthing community goodwill key to a welcoming community

## Heather McKee

Consumer/survivors have long fought for community inclusion, for the basic right to be accepted as equal members of the community. We have demanded this not just from the general community, but also from mental health service providers. As a result of the struggles of consumer/survivors, change has taken place.

One example of change is the New Framework for Support produced by the National office of the CMHA. The Framework says that the formal mental health system, consisting of psychiatrists, hospitals, medications, and even the CMHA, is only a small part of what most consumer/survivors need and want in order to build healthy, productive lives. The other parts of consumer/survivors' lives - peer groups, family and friends, generic community services & groups, housing, and work - are described by the Framework as being key to supporting health. In other words, the Framework is a vision of people with mental health issues as citizens with equal rights rather than as patients with diagnoses.

But how do we translate this vision into action? Inclusion in Community was our response. Inclusion took place over two years in eight communities across Canada. The recently-released final report, *Inclusion in Community: A Guide to Local Action*, describes the successes and challenges of building more inclusive communities. One of the communities involved was Duncan, on

Vancouver Island. The CMHA, Cowichan Valley Branch staff, consumer/survivors and members of the community formed partnerships to develop several creative strategies for inclusion. Consumer/survivors' interest in employment lead to the creation of two resources: an Advisory Council of local businesses and community members, and a 'Handy Crew' which did yard work for seniors.

The 'Handy Crew' is an excellent example of how an inclusive approach can result in multiple benefits. After working on the Advisory Council for a while, some of the consumer/survivors involved became frustrated with the plan. "All that talk - they want to DO something," according to their final report. Action turned to developing a 'Handy Crew' which would use the talents and energy of the consumers to provide yard work to seniors and other members of the community on a by-donation basis. Consumers had the opportunity to 'DO something:' they developed new work skills and came to value their talents, while providing a valuable service to the community. The community learned that consumer/survivors aren't so scary after all. According to their final report, the 'Handy Crew' found that "the seniors who hid in their houses the first time the crew came to work were giving them cookies and juice, or stew for lunch after a few visits - public education one person at a time." The local Seniors' Advisory Council was so impressed by the work of the group that they donated a sur-

plus computer to them.

The lesson learned by many of the participants involved in the Inclusion project, including those in Cowichan Valley, was that the local community was always very responsive to welcoming consumer/survivors. Living with a mental health issue and working in the field of mental health, we may see the worst of the stigma and prejudice that exists. Inclusion in Community was based on the premise that much acceptance and good will is also present in the community, and such good will can be encouraged and developed when people work alongside consumer/survivors on a common goal.

The *Guide to Local Action* includes suggestions from the participants in the Inclusion project on how the good will of communities can be unearthed and mo-

bilized. These suggestions include seizing the initiative without waiting for government or funding from other sources, encouraging the development of autonomous consumer/survivor groups so that real partnerships can develop, and being open to the broader community and its many resources. These lessons were learned over the two years of the Inclusion in Community and will hopefully serve to inspire more communities across Canada to become truly welcoming.

*Inclusion in Community: A Guide to Local Action* is available from CMHA National office, 2160 Yonge Street, 3rd Floor, Toronto, ON M4S 2Z3 Tel: 416/484-7750

Heather McKee was a project manager for the National Community Inclusion project, based at CMHA's national office.

## Salmon Arm community response to tragedies shows compassion and builds allies

The community of Salmon Arm has responded to people with mental illness with openness and understanding, according to Sherry Bowlby, Executive Director of CMHA, Salmon Arm Branch.

In the past year, two tragic events involving people with mental illness have tested the community's response, and the community passed these "tests" with flying colours.

In one event, a homeless person — assumed to have addic-

tion and mental health problems but not receiving any kind of formal help from any mental health services — was found dead on the Salmon Arm waterfront. The community asked for an investigation and a response to this situation, and CMHA responded by spearheading an effort to prevent further incidents.

CMHA brought together local RCMP, the local Mental Health Centre and community members. Together, they agreed to work

*Continued on page 9*

# Building community for the most-unwelcome provides lessons for mental health advocates

**Dena Ellery**

In the New Testament, Paul wrote to Philemon from jail, telling Philemon that one of his runaway slaves would be returning. Paul begged Philemon to accept this slave on equal terms, forgiving past debts and embracing him as a brother. This is the story upon which Chris Boisvert-Gilman bases his work with mentally-disordered offenders. Boisvert-Gilman runs a BC-wide program out of Abbotsford called M2W2 (Men to Men, Women to Women), a Christian-based society that helps offenders re-enter the community.

With a background that ranges from farming to theological studies, Boisvert-Gilman calls himself a "reintegration facilitator." He works with people who have severe mental illness, cognitive disabilities and sometimes limited capacities (developmental disabilities), with their transition from prison into the community. Boisvert-Gilman's perspective, successes and strategies of working with some of the hardest-to-integrate of our community stand as an example to those who advocate for the right to live as fully as possible in one's community.

"Here we have a category of people so removed from our definition of normal," says Boisvert-Gilman. The people he works with have broken from society and end up in jail. Then, they are further alienated because of their mental illness, or brain injury, or developmental delays, or even their crime (sex offenders, for example). "And

here you've got a many-layered brokenness from society."

To Boisvert-Gilman, every person must be treated with worth and dignity, especially those most removed from society. He does this by building a completely individualized support system for each person, which meets their needs and abilities and promotes respect. He'll go to any length to help find the right kind of housing and community setting for an individual — which he believes is usually a country or rural setting.

For example, one man who had been a lifelong social recluse was set up on a farm, in a small, shack-like abode. Boisvert-Gilman set up a circle of support for this man: someone would drop by and visit briefly, and others would take him shopping when needed.

Another man was set up in a small, 25-foot trailer that had been donated to M2W2. Boisvert-Gilman knew the man had schizophrenia, so he made sure that one of the members in his support circle was also a person with schizophrenia. This friend has a car, so the two often go out together and have formed a real friendship out of their shared life experiences.

Things don't always work out, though. Boisvert-Gilman works hard with a difficult group of people, but finds the system's red tape to be just as difficult. He is staunchly anti-bureaucracy, calling it "the mentally-disordered organization." He runs into problems with systems that try to fit people into particular categories — none of which fit his caseload. The work required to build indi-

vidualized support systems, he finds, increases dramatically due to the inflexibility of the "helping" services.

For example, Boisvert-Gilman fought to get one individual's support money paid on a weekly basis rather than twice monthly. There had been severe, destructive drug abuse in this person's history. Just after receiving a full month's support, he had been about to head to Vancouver when Boisvert-Gilman intervened and supported this man to stay with local friends instead. However, three months later, the individual received a month's payment and made it to Vancouver. In the city, he quickly found some industrial glue. He was found dead from exposure in the cold of winter with most of his clothes removed (glue-sniffing causes hot flushes). Still, Boisvert-Gilman is grateful that, through his work, this individual lived three months longer.

Boisvert-Gilman lives what he works and believes. He and his wife have two housemates who are "graduates" of the M2W2 support program. And every friend of Boisvert-Gilman's becomes part of someone's circle of support.

"If they know me, they become part of the program in some way or another," he says. The Christian community within Abbotsford, Chilliwack and Mission are the major sources of both volunteers and program funding contributions.

And despite being a foe of the system, Boisvert-Gilman is known and respected for his work. For instance, the Abbotsford police and every lo-

cal store had once banned a particular individual from their premises. Once Boisvert-Gilman placed this individual on his reintegration caseload, the individual stopped bothering the local shopkeepers.

"It's simple," says Boisvert-Gilman. "He was lonely!" The circle of support provided enough personal contact for the individual, so that he no longer needed to come into town and be a nuisance.

Boisvert-Gilman challenges his friends, colleagues, fellow believers and the general public to accept each individual back into society as Paul admonished Philemon about a returning slave: on equal terms, forgiven of past debts, and embraced as a brother.

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# Families key to reintegration at Emerson centre

**Excerpted from *Living with Schizophrenia***

New York's Institute for Community Living (ICL), a not-for-profit rehabilitation and support company, bought what was once a dormitory to the Pratt Institute of Art and Architecture and converted it to 38 one-and-two-bedroom apartments with kitchens. Now known as Emerson Family Centre, it is home to mental health consumer parents — 16 of them single, including two single fathers — and their children.

With 24-hour staffing and a client-to-case manager ratio of 10:1, Emerson provides permanent housing, case management and rehabilitation services; counseling and coordination of mental health services; on-site crisis intervention; coordination of adult and child health care; prevocational and supported employment skills training; coordination of special needs; education services for adults and children; parenting skills assessments and training; child care; substance abuse counseling; assistance and training in maximizing entitlements; and rehabilitative skills training for independent living.

"We have five apartments on each floor, with both single par-

ents and couples with children on each floor," said Jeff Palmer, director of Emerson Family Centre. "So they become friends and neighbours, 'uncles' and 'aunts' to one another. They need those bonds and relationships, because with their history of homelessness, they have lost all contact with their own relatives."

Before coming to Emerson, all its residents were homeless and mentally ill, and many were substance abusers — not surprisingly, since in New York City the incidence of chemical abuse among the mentally ill homeless is more than 70 percent. After-school or day care children at Emerson spend their time in the building's learning center areas with child care workers, tutors and therapists — giving their parents a chance to unwind when they come home from work and get supper ready. Parents, too, take advantage of direct access to professional and paraprofessional staff in managing the demands of parenting and day to day living.

"Work" is a keyword to the program. "We've found reintegration means not only housing, it means jobs," says Yves Ades, Ph.D., ICL's associate executive director of mental health, hous-

ing, rehabilitation and support. Among ICL's supported employment programs is Phoenix Recycling and Maintenance Services, which currently services all ICL facilities. Phoenix employs 20 consumers — residents of Emerson and other ICL facilities — full-time.

"In New York State, and probably in most others, there was a natural caution around putting families together in cases where there's a single parent with mental illness. These families are particularly vulnerable to homelessness. And when they're identified by the welfare system, there's a strong tendency to take them apart. The mother might go to a shelter or psychiatric hospital, and if there's no relative, which is often the case, the child will be farmed out to foster care. That can amount to a 'social death sentence.' Years could go by before they're reunited."

"It was not easy convincing the New York State Department of Mental Health to let us bring in the children," Ades said. "But we finally convinced them we would provide supports for both parents and children. We supply the case manager and skills training approach, and the rest of the support comes through linkages with other agencies."

"We've tried to stabilize the individual's daily living and make the illness a much less important factor in the individual's life," Ades continued. "It's not the most important factor. It comes, it cycles in and out, but in the meantime, living is preserved."

And the Emerson staff is always looking for new ways to preserve that family life, according to

Palmer. "One of our Single residents with a 6-year-old son decompensated with her schizophrenia and needed to be hospitalized. She had no family members, nowhere her son could go. We didn't want to send him into foster care, because it would be very hard to get him out of that system, once he's in. So as a staff - our child care workers, family development specialists and I - we decided we would care for the child, right in his own apartment, while his mom was hospitalized. So we took turns spending the night with him getting him fed before school, getting him on the school bus. That way, he didn't lose his environment. He'd ask about his mother, and we'd tell him how she was doing and when she was coming home. That was a year ago, and she hasn't been hospitalized since. "Not only did we prevent this child from being further traumatized, but we had a tremendous impact on the community. Others saw something special about this place, the safety it provides," adds Lennies Simon, a family development specialist who has been with Emerson since its beginning.

Readers can learn more about housing and services to single parents with schizophrenia by contacting Harry Lieberman, Ph.D. at the Institute for Community Living, Inc., 40 Rector Street, 8th Floor, New York, NY 11006. Tel 212/385-3030, ext. 112

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# Visions

# Courtenay's Eureka Clubhouse members active around the community and the Island

**Alison Jacques**

Greg Westholm doesn't hear many complaints of boredom from the members of Courtenay's Eureka Clubhouse. For the past 14 months Westholm has been a clubhouse coordinator, organizing weekly activities for Eureka's 60 members. Or, "adventures," he says. "That's what I like to call them."

Every week, up to nine people climb into Westholm's van and set out for a new adventure. These weekly outings include "shopping mall road-trips" to Nanaimo, mini-golf tournaments in Parksville, and scenic drives to different spots on Vancouver Island. On these trips, he says, "we stretch our bones in different parks along the way."

Trips to the small community of Cumberland have been very popular with the clubhouse members. "It's a quiet little town, so people can walk around and do their own thing. They find it quite relaxing," explains

Westholm.

The Cumberland Big Store, which sells second-hand household items and houses a small restaurant, has been a favourite destination for the group for more than a year. Co-owner Darlene Foote describes their visits as "lots of fun."

"They come in and browse, and then have a coffee or a muffin," she says. "Inevitably, they'd find something or other that they'd like to use, or some furniture."

"They're always very pleasant," she adds. "I've enjoyed having the group."

Westholm leads a larger outing once a month, often involving members of New Horizons in Port Alberni and the Beacon Clubhouse in Campbell River as well as the Eureka members. During the winter months, groups head to Forbidden Plateau for downhill skiing and to Mount Washington for Snow Cat tours and nights in a chalet.

This past July, more than 40



*Participants from Eureka Clubhouse (and often from neighbouring clubhouses in Campbell River and Port Alberni) enjoy sea to sky activities. Touring the rip tides and the coastal islands in zodiacs and snow-cattling on Mt. Washington are examples.*

people from the three groups took part in a trip to Denman Island, where they spent the weekend at Elkhaven Lodge. "I guess I just put my personality into it and listen to what the members want to do," Westholm says of these adventures. "It's up to them, whether it be a large outing like to Denman Island or smaller like go-carting or going out to the malls around town."

Zodiac tours have made a big splash with the clubhouse members, thanks to Tide Rip Tours of Campbell River. According to Westholm, Tide Rip owner Howard Pattinson has made a special effort to provide members with the thrill of riding in a 19-foot Zodiac. Pattinson says simply that the adventures are well worth the effort.

"We get the eagles to come down and grab fish out of the water, we talk to the seals, we go through the tidal rapids, we'll stop at a restaurant," he explains.

"I think these guys had a better sense of humour than most people," he says of the clubhouse members. "They're such a cohesive group. They had a lot of fun.

They were always tickling each other — you know, verbally."

As a Zodiac tour guide, Pattinson's motto is "nose to nose with nature," and he's brought the clubhouse members face to face with eagles, seals and salmon on their Quadra Island tours. Passing through Seymour Narrows, Pattinson stops the Zodiac to explain the hydrology of the tidal rapids to participants and then proceeds slowly while pointing out the sites of historic First Nations settlements.

The Zodiac group once pulled up beside a salmon trawler, and were given some fish that they later barbecued. "They said it was one of the best things they'd done," Pattinson recalls. Westholm would agree. "I still get people coming up and thanking me for the Zodiac trip," he says.



# Building health within the community

**Walter Beier,  
Maureen Carriere,  
Tracy Clifford, Shelly  
Berry and Royce  
Dueck**

This article came about through the joint efforts of several members of the Langley Stepping Stone Rehabilitative Society. We were asked to write about things that our members do to feel more welcomed within the Langley community. So, one Friday afternoon at our regular end-of-the-week coffee bar social, we had a discussion with 10 to 12 members to get their thoughts about community inclusion in Langley. Their responses formed this article.

Out of our discussions it became clear that, in order to feel included, people need to choose active participation but they also need to see that the community is receptive to them. Our members gain a sense of involvement from having meaningful work and a right to play. Sometimes people feel involved by going out into the community to work and play, and sometimes people feel involved by inviting others into the clubhouse. Through participation in these activities, our feelings of belonging and connectedness within the community are enhanced.

What follows are some of our members' expressions of the things we do that help us connect to the community. As much as possible, we have used the members' own words to explain these activities.

## WORKING TO EDUCATE THE COMMUNITY

One kind of work that our mem-

bers do is community education, which includes Partnership Presentations and the Peer Support/Outreach Program.

### Partnership Presentations

Members say that partnership presentations help them feel more connected with the community by allowing them to say who they are in a supported environment, while at the same time educating the public about mental health issues. Usually a partnership team is composed of a mental health consumer, a family member and a health care professional. In a presentation, each participant shares their experience with mental health issues.

Walter:

"My name is Walter Beier. I have schizophrenia and I was in on the ground floor of the movement to use consumers to educate students [in health-related college programs] that mental diagnosis did not remove our citizenship in humanity. We called them Partnership Presentations. It was to indicate the respectful transaction between speakers.

"Partnership, now, often means an agreed-on show of equality is expected. And in my experience, it very often does [work this way]."

Sharon:

Sharon went with a Presentation team, planning only to listen. However, she says, "I enjoyed it and actually participated in it ... It helped me alleviate the secrecy around my abuse ... [and] erased some of the stigma of mental illness. I felt more connected [with the community], especially when students asked questions and when they sent cards of appre-

ciation. It also helped with my isolation."

Dave:

"I saw great potential" in Partnership Presentations. Of course, public speaking dredged up "...some anxiety, but [I] enjoyed it quite a bit. I feel good that the project is helping to educate people [about mental illness]. The point of Partnerships is to let people see that we are more like them than different ... We've received a lot of positive feedback from our audience."

### Peer Support/Outreach

This program is run by consumers, out of the Langley Memorial Hospital. It connects consumers, some of whom may be recently discharged from the psychiatric ward of the hospital, to fellow consumers who are out and about in the community. The support of someone who has shared similar difficulties can help to comfort an individual newly discharged from hospital, and ease the process of reentering the community. At the same time, members who act as peer counselors speak positively about the benefits of supporting others. (For more information on this program, see the article, "Langley peer support and outreach program reconnects people to their family, interests and community")

Dennis:

When Dennis joined the Peer Support/Outreach Program "it seemed [like] a way out. Why not give it a shot? It can't get any worse. I began slowly to think of others. They drew me out of myself. [I got] a new feeling of community with others. I started to listen once again. This was the

biggest impact. So much help from professionals and all the way down the line. Again, it drew me out of myself."

Others:

Some very active but anonymous consumers contributed the following collaborative comments about their experience with the Peer Support project.

"Having experienced mental illness [we] felt [we] had something to offer. And [we] wanted to give back to the community. It made [us] feel worthwhile. A feeling of being needed. Taking a negative experience and turning it into a positive one. A few people were very skeptical at first but in time the program developed credibility."

## INVITING THE COMMUNITY IN

Meaningful work does not just come from doing community education. We hold two craft sales annually — one in the fall and one in the spring — where members showcase our creative skills. It's not always easy to risk sharing ourselves, but our sense of worth increases as we see others appreciate and even pay for our work.

Audrey:

"I really look forward to my craft days [and] the friendly atmosphere of the craft group. We all take great pride in our work ... Hopefully we educate the public that we are a valued part of the Langley community ... even though we have our ups and downs with doctors' different diagnoses of our illness ... we should be accepted into the community."



**Maureen:**  
"I was really hurt when I overheard a lady at our annual Christmas craft sale say to her friend, 'I can't believe how nice these things are for a place like this.' ... Then I was really impressed that she could admit to her friend that she misjudged our talent."

**Pamela:**  
"I have been working with sewing and crafts as far back as I can remember. This is the first activity I can enjoy when coming out of a deep depression ... I feel good when they like my ideas and when I can encourage fellow crafters ... Sometimes, crafts are the only things which give me a sense of accomplishment. I also enjoy close friendship of other ladies ... I feel proud to invite the community into the clubhouse for the craft fair."

## LEARNING TO PLAY IN THE COMMUNITY

Very often people forget to play. This can be especially true for people with a diagnosis. People can forget about pleasure, and the healing benefits of laughter, perhaps because they don't feel they deserve to be happy. And yet the importance of play and laughter are recognized as being important to all people. Stepping Stone members' recreation includes organized activities such as clay art, the Tinman Triathlon, and the Stepping Stone gym and swim.

### Clay Art

A couple of years ago, Stepping Stone received a kiln donated by a Langley artist who then offered us free lessons. Now, a group of us go to her studio every other Friday.

**Grant and Mark:**

"Building with clay has been a source of recreation and is an integration with the community that brings out our creativity and

is an outlet for our artistic expression ... This course gives each member a chance to express themselves through their sculptures and pottery creations ... Learning the techniques required to form the clay, glazing and firing in the kiln, also has been very therapeutic in relieving stress and anxieties ... It has been a lot of fun."

### Tinman Triathlon

The Tinman Triathlon is a community event that raises funds for the Langley Memorial Hospital. Participants receive a Tinman T-shirt and their names are published in the local newspaper. Our members, alongside other members of the Langley community, have successfully biked, ran and negotiated the obstacle course for four years in a row.

**Linda:**

Linda appreciated being recognized for participating in the biking event. She proudly wears her Tinman T-shirt around the clubhouse.

**Don:**

The Tinman is "exercise and lots of fun. It made me feel welcome [in the community] because we were doing something together for a good cause."

### Gym and Swim

The gym and swim is a weekly Stepping Stone activity which began because several members wanted to be more physically active in the community. So those who may be too shy to go on their own to the gym, who need the encouragement and support of a work-out buddy, or who lack transportation or funds, can go to the local community centre with a group of others who are interested in exercise, play and having fun. The ultimate goal is to help people integrate comfortably and unselfconsciously into the community.

**James:**

For the past year and a half James and Tracy have been going together to the gym and pool on their own. They met each other at Stepping Stone a couple of years ago and developed a common interest in exercising. James says that exercising was stressful at first, but he recognized its physical and emotional benefits. He is now so comfortable with these activities that he goes regularly on his own to the community centre.

### Conclusion

Work and play are our routes into the community. For us to feel included we need opportunities to be involved; we need a community that is receptive to our

efforts; and more than anything, we need to be willing to take an active role in making our own places in the community. This isn't always easy. It requires a certain level of risk, especially for individuals who have lived outside of the community and experienced stigma for so long. But we need to remember that these are risks that anyone would face when sharing themselves with strangers.

If we are willing to try together, and if we believe in our right to work and play alongside other members of the community, our feelings of belonging and being welcomed as valuable members of the community will be strengthened.

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## Salmon Arm community response

*continued from page 4*

with local restaurants and others on an as-needed basis, to provide some community outreach to people not connected with existing services.

"These are people that the RCMP know about, but sometimes we don't," Bowlby says. Here's how it works: the CMHA, Salmon Arm Branch has two community liaison mental health workers who provide support to clients of the Mental Health Centre. Everyone agreed that these workers could pick up a packaged dinner from a local restaurant and take it out to the person on the street, and make sure they have enough clothes and blankets to keep warm through the night. The community liaison workers also provide a list of phone numbers, in case the person on the street needs any assistance.

"It's on their way, and the restaurants have leftover food they're willing to package up at the end of the night, so it works out well for everyone."

The community's response has overwhelmed CMHA.

"All along the way, Salmon Arm has been so willing to help and to understand," says Bowlby. In another instance, after a person with a mental illness became actively ill and shot a gun at the local police station, Bowlby says the talk on the streets was not about blaming the person with the illness.

"People were quite understanding, saying how awful it was that this had happened, and how this individual had become so ill and that that it couldn't have been prevented."

In addition, CMHA held its breath during public hearings for a local group home. The expectation was that local residents would name all the (myth-based) reasons why a group home for people with mental illness shouldn't be built. Instead, they heard nothing but support for the project.

"We really think this is a remarkable community," says Bowlby of her town of 15,000 residents.

# Friends of Music: Partnership in Song

**Barbara Bawlf**

In Victoria, I was part of a unique musical program for about four years. The Friends of Music Society operates out of the Victoria Mental Health Centre, attached to Eric Martin Pavilion.

One of the most beneficial aspects of the Friends of Music is that there is total integration of consumers and non-consumers in the organization. Unless someone wishes to disclose they have an illness, nobody knows who does or doesn't. Sometimes patients in the hospital wander down unannounced to participate in the choir and they are accepted without question. Nobody is turned away and nobody is asked about their diagnosis.

The society was founded in 1989 by John Ferry, a social worker with the Mental Health Centre. Ferry saw a need to involve mental health consumers, who were also musicians, in some form of recreation where their talents could be recognized and utilized. He also thought it would be helpful to invite other members of the community to participate in a musical enterprise, forming a partnership. The first project was Moodswing, a band which played swing and big band tunes. A choir by the same name was later formed, as well as a rock band (Pink Freud) and a day program where residents of boarding homes could learn musical skills.

Friends of Music ensembles have performed at a variety of events over the years, including a fall, Octoberfest for group homes; a January tea dance at the Empress Hotel; and Tables of Eight in April, a joint celebration with the University of Victoria School of Music.

The choir performs at the Tables of Eight as well as at senior citizens' homes. The choir and the band also perform on a float for the Victoria Day parade. This is always a fun event. At Christmas, all the ensembles play for a big banquet and dance at the Crystal Gardens, which is held for the boarding homes. These three annual events keep the society in touch with the community.

In my own experience with the society, it was one of the most helpful support systems I had for maintaining my mental health. I could participate in something I enjoyed with people who understood what it was like to have an illness. As well, I met other people from the community. I was

given opportunities to perform in a variety of venues, and my own musical skills were enhanced. After singing with the choir for a time, I was asked to sing jazz solos with the big band, which was a good experience as the music was a new style for me. Performing in this manner greatly boosted my confidence.

Friends of Music celebrates its 10th anniversary in 1999. In the past year the various ensembles have performed 61 public concerts, including the band's weekly performance at the Eric Martin Theatre. To date, there are 220 members and the organization has expanded to include a new band called the Eclectics. The society just keeps getting better,

helping more people to feel good about themselves while learning a new skill.

The organization is funded by the proceeds from a pop machine and bingo events staffed by society volunteers. Additional funds come from the Capital Health Board and the Victoria Foundation, but society members work hard to keep things going.

For more information, contact The Friends of Music Society at 250/952-4422 or by mail: c/o 2328 Trent Street, Victoria, BC V8R 4Z3.

Barbara Bawlf has been a singer in a variety of venues and a volunteer and, now, staff member in a variety of roles with the Canadian Mental Health Association.

## A day with Andrew

**Frank G. Sterle**

It was good that Andrew (not his real name) could spend a day with me out here in White Rock. It must've been a breath of fresh air for him to get away from Riverview Hospital, which is, in my opinion, a somewhat dismal institution that causes a rush of anxiety to go through my body.

Andrew, a schizophrenic who's been in and out of Riverview many times over the years, was, I believe, quite happy to spend the summer day with me walking around town; however, you couldn't notice any pleasure from his facial expression. It was more than obvious that he was (and still is) on medication, presumably for his own good. Chlorpromazine was one of them; it's an antipsychotic medication also known as a major tranquilizer, which, when enough is prescribed and consumed, causes one's skin to become ultra-sensitive to sunlight. Of course, sun-

screen is available to those who request it, but when one is mentally ill and constantly in a precarious state of mind, one does not always do what's best for their health.

That day, our rather extensive walk and Andrew's failure to wear sunscreen cost him a hefty price — he endured a sunburn so severe that he was left looking like a lobster. When we finally made it back to my house, he took multiple cold showers, though they didn't spare him having to go to the hospital's emergency ward to have the severe sunburn treated. Although they were fairly serious burns, we still get a good chuckle whenever we recollect the incident.

On his visit here, Andrew told me about his many transfers from one Riverview ward to another. Unfortunately, sometimes he gets moved into a "lock ward," in which visitors are confined to meet in a tiny visiting room — a room with walls that

often fall short of suppressing the yells of other, more disturbed inmates on the ward. I asked him why he gets locked, and he responded, with a seemingly resigned tone of voice, either, "I don't know," or "U.A. [unauthorized absence]."

One regret in his life that Andrew mentioned to me (on more than one occasion) was the three-day weekend at his house some years earlier during which he "took 13 double hits" of a considerably potent form of LSD.

I'd tell him, "Well, there's nothing you can do about it now," and he'd quietly reply, "Yeah ... what can you do."

It's obvious that Andrew needs as many positive experiences as possible, such as this visit to White Rock. From what I could tell, he seemed to spend too much of his time in a state of mental limbo — a lifestyle that does not seem able to get any worse than its current form.

# Langley peer support and outreach program reconnects people to their family, interests and community

## Al Matthews

The Langley Peer Support and Outreach Program serves the Langley and Aldergrove communities. Forty-four trained peer volunteers work each year with over 200 people who suffer from any form of mental illness. The people who participate are often isolated because of the effects of their illnesses, so the Peer Support volunteers supply friendship, support and re-connection with family and community services, as well as affinity with people whose experiences are similar.

The Langley area is a rural community, so for many people, having a peer volunteer with a car means opportunities to go searching for antiques in Fort Langley, or just out for coffee. The goal is to get people out, rather than visiting people in their homes or in the hospital. The program stays activity-focused as much as possible. This means people go to movies, volunteer together, go swimming, enroll in evening art courses, or take the bus together and go somewhere. Often it's an activity that someone wants to do, but needs a friend to help them feel more comfortable doing it. It gets them over the "hump" that stops people from doing what they really want.

The volunteers never try to take the place of professional care givers in the participants' lives, but try in small but impor-

tant ways to enhance the quality of life as peers or equals. Volunteers benefit, too. They develop greater self-esteem, sense of purpose, and goals; in general, it helps in coping with their own mental

health issues and with their own recovery process.

A Consumer Coordinator helps to support the volunteers and the program. Meanwhile, volunteers learn new and market-

able skills and increase their self-confidence and self-esteem.

*Al Matthews coordinates the Peer Support and Outreach Program in the Langley area.*

### Comments from professional service providers:

- "resident integration into other non-mental health community programs is seen as a positive influence on consumers"
- "volunteers provide positive impact as role models"
- "patients really enjoy the social evening off the ward"
- "the one-to-one ambience is much more normalizing"
- "volunteers provide role models for recovery providing hope for the patients"
- "good therapy for former patients, too, and good self-esteem building"

### Comments from participants:

- "I started out having doubts about socializing with my peer support volunteer, but in a short time I found myself completely confident in our ability to communicate"
- "I feel that the companionship and its consequent ego-support during times when I've been trying new activities for the first time has been most helpful in keeping my stress to a tolerable level"
- "It's been helpful to have someone to talk to that has been through the same or similar experiences in dealing with one's illness"
- "I've found it helpful to have an opportunity to get out of the house, to be active by going out for coffee and having friendship and companionship"

### Comments from volunteers:

- "It can be challenging to go out there and volunteer despite how I feel. Afterward I feel personally rewarded"
- "In my role as an outreach volunteer, I have learned to be a friend to my participant. I use my training skills to help the person to come up with their own solutions to the problems, and give them encouragement"
- "I feel I can be supportive to other outreach team members by being available to listen. I may not be able to solve their problem but the best support I've found is in someone that not only listens to what you are saying but hears what you are saying"

# Work opportunities create community and relationships

## Dena Ellery

For many people living with a mental illness, having a job is a way to feel part of the community. Jobs provide a place to learn new skills and build self confidence and self esteem.

New View Society offers a number of programs for people challenged by mental illness, including a clubhouse/drop-in centre, supported housing, life skills development and recreation opportunities. However, it's the 10-year-old supported employment program (SEP) which most stretches and merges the boundaries between the New View Society and society.

Currently, 25 people in the employment program work in full time and part time jobs at workplaces in the Coquitlam, Port Coquitlam and Port Moody areas. These placements include janitorial positions, building maintenance, clerical work, security and recreation vehicle refurbishing. Dean, who currently holds two placements, says he appreciates any opportunity to work, but prefers the supportive aspect of the placements over his previous experiences. "I usually find a lot of understanding . . . I get a lot of comfort in that. [Before I was in this program,] I worked in a lot of companies when I was sick, and there was a lot of ignorance."

Many others are employed through a contract with Rogers Cablesystems, a long-time supporter of the employment program. In fact, 16 people currently work at New View's vocational shops (modeled similar to industry standards, in terms of job expectations), assembling parts

for a contract New View holds with Rogers. The assembly contract means NewView members learn the skills of competitive job placements, yet maintain a connection with their peer community at New View Society.

The relationship between New View Society and Rogers Cablesystems continues to grow.

This year, for New View's 25th Anniversary, Rogers produced two public service announcements for the Society. These air on eight Rogers' channel selections (including TLC, CNN, TNN and the community channel), providing NewView Society with invaluable media exposure and public education. In one ad, a

Rogers representative challenges businesses to hire people with mental illness, as they have. To date, four businesses have called and answered the challenge. Yet, Rod Owen, the program's manager, says there are a lot more calls from people looking for work.

## Housing, work and volunteering as "ways in" to the community

### Dena Ellery

Mennonite Central Committee in Abbotsford provides community support services for people with mental illness through their Supportive Care Services (SCS). I talked to a number of people there: including Bill and Grace, who use some of the services, and Paul Heidebrecht and Virginia Bonner, who coordinate some of the employment and recreation programs.

Paul Heidebrecht says the biggest adjustment moving into a community is loneliness, and having no social structure. "People (with mental illness) stay on the margins of life. How do they make connections and friends and relationships?" asks Paul. "Our job is to figure out, how do we help people build a social structure?"

One way is through the Supported Independent Living (SIL) Program, which helps people find ways they can build connections in their community. Bill would be considered a success.

SCS helped Bill find independent living in an apartment in town. He was encouraged to find some of the things which bring him pleasure, which is why he was glad the apartment building had a swimming pool. Bill swims every day. And through his regular swimming, he met a retired Salvation Army captain, who used to coach weightlifting. Bill was the inspiration the retired captain needed, and now the two of them work out regularly.

Bill has come to know and feel a part of his community by being supported to develop routines. "Even the girl at the Subway knew I had a falling out with my girlfriend," he said about one of his regular stops. Bill has a cleaning job at the local Legion, and often stops to talk to the regulars who come each morning for their coffee.

Yet one of the places where Bill draws his strength is also a place that not been as welcoming as he would want. Bill has volunteered in the library at his local church for a year. His

church is important to him, but he feels neglected and taken for granted, and has decided to move to another church.

Grace found her way into the community through the supported employment program. Grace worked at Lilydale Foods for 28 years before she got sick, and was off for one year. The Step Toward Employment Program (STEP) helped her rebuild her stamina, strengths and self esteem. "It boosted my morale," she said, adding that "financially it helped, too." Grace said the support of the staff, like Virginia Bonner, and people in the program made a tangible difference in her life. "Without them caring, I wouldn't be driving a car," she said proudly, of her achievement to be independent.

Yet, through her work, Grace has noticed that people need education about mental illness in order to be a more welcoming community. In her various job skills experiences - including working on a recycling crew, in a

*Continued on page 13*

# How to talk so consumers will listen and how to listen so we can talk

**Barbara Evans**

*Editor's note: In order to create a more welcoming community, we need to practice the art of listening. What Barbara instructs here about doctor/patient relationships can be applied to all ways of working together: particularly as consumer and non-consumer partnerships, or in roles with power and those without.*

There is nothing new or radical about this topic. At first glance, the title and what it implies seems very logical. However, it is a skill that is too often not being applied. There are all kinds of reasons and excuses for this, but I

## Housing, work "ways in"

*Continued from page 12*

greenhouse, and packaging candy - Grace has noticed a need to educate people to reduce the stigma associated with mental illness. Of the people she came in contact with through her job placements, she said, "some people will understand . . . there are more people who tend to stay away."

Grace is very busy with volunteer commitments, but is particularly proud of the work she does with the BC Schizophrenia Society doing partnership education. She and a mental health clinician and a family member go to local schools and talk about mental illness with students. "We get quite a good response from the students." Grace recognizes that she is educating these students to be more aware of mental illness so that they will become more understanding and welcoming members of her community.

am more concerned with the effect on the consumer.

In the ideal situation, the consumer enters the doctor's office willingly and sits down. The desk between them serves as a reminder of who is in control, and often it serves as a barrier for the doctor. It keeps the doctor from getting too involved.

A conversation begins. The first question is, "How are you today?" Upon hearing this, the word "fine" pops out. We are conditioned since childhood that this is the appropriate response. The problem is that by the time the word "fine" is out of your mouth — and you're starting to wonder how to say now that you're not fine — the doctor has either said "great" and is beginning to close the file or is on to another question.

## Understanding how we feel makes it easier to say it

Your doctor may be a knowledgeable person, but only you know what coping with your circumstances means and what you need and don't need. You are the expert.

This may mean that before you enter the office you must prepare yourself to say how you really feel, when asked. Or, you can explain that you need an opportunity to talk and full attention while doing so. Suggest that your doctor start the session by assuring you that he or she is there to listen, and by asking you to describe how you have felt/what you have been doing/what kind of support you needed to carry out these activities.

This kind of communication recognizes the client has some-

thing to offer and helps destroy the mystique around doctors' "superpowers." It also builds up the client's self-esteem and helps him or her learn to communicate more effectively in other areas. You may have to search for a while to find a doctor who is willing to try this.

## Listening means seeing one as a person; not as an illness

In order for doctors to adopt this system, they must be willing to give up a common practice; what I call the "father knows best" syndrome, or the tendency to treat a diagnosis. Illness affects each person differently; no two people are exactly the same and each deserves to be treated as an individual, not as a disease.

This is not all about talking and sharing of information, however. The ability and willingness to listen effectively is just as important.

## Create time to let someone talk and to listen

Allow the consumer the time he or she needs to express him or herself. Ask for clarification, by all means, but accept the information given in response. Ask the person if he or she is finished as the sessions draws to an end and be prepared to listen further. Invite questions and respond honestly. You may wish to end a session by saying you look forward to hearing what he or she has been able to accomplish during the next session — this puts the emphasis on being well, not remaining ill.

## Listening means work for both sides

I have sat on both sides of the

desk. I became a consumer of mental health services in 1982 and I now work as senior counsellor in a group home that teaches independent skills.

I believe that fear and misunderstanding lurk on both sides. But I also know that most of the power lies within the therapist. This power exists because consumers have been taught to give theirs up willingly. We have been taught that when it comes to health there is always someone who knows more. Decisions are hard to make and ours are often not accepted in the system anyway.

On the other side of the desk, the therapist is made to believe he or she must come up with an answer in a field where solutions are difficult to find. They are taught to choke on their own fears when touched on a personal level because any less would not be "professional."

Learning to talk so consumers will listen and listen so they can talk seems almost too simple, but I believe it can go a long way towards promoting mental health.

*Barbara Evans is a regular consumer-contributor to the CMHA, Saskatchewan Division publication, Transition. Excerpted from Transition, with permission.*

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# Discovering Connections

**Discovering Connections: A Guide to the Fun of Bridging Disability Differences**  
Linda D. Hill, Ph.D.

**Review by**  
Dena Ellery

In marketing, advertising and public education fields, we know the most effective form of educating is face-to-face information sharing. That is the basis of this activity book and the reason why it offers such hope in changing people's misconceptions about disabilities.

*Discovering Connections: A Guide to the Fun of Bridging Disability Differences* is designed as a guide to use in a group (the publisher has bulk rates for groups who want

copies for each participant). The group gets together, and through shared activities they learn about each other's perspectives and experiences.

The analogy that runs through the book is of traveling. Goals of learning more about the community, becoming more active, breaking down barriers between professionals and those with disability labels, socializing, helping a school or organization become more inclusive, are all different kinds of destinations.

There are 10 suggested journeys. Each journey provides ways a group can learn from each other through shared experiences. Journeys include activities designed to get to know each other, doing something fun, exploring the community, discovering how accessible the community is, making new connections

with people, getting past barriers, taking care of our health, building trust, then learning to say goodbye. Each journey starts with armchair traveling, where participants reflect on and share their own experiences and hopes. After these activities, members of the group (or the group as a whole) find common interests and plan an activity together, related to this journey. Each person keeps a journal of their activities and their "travels."

For example, the journey, "Exploring Participation and Access" has a group draw a map of their community together. Each person contributes to creating the map, and draws highlights of places where they enjoy going and places they feel welcome and included. In the process, participants find common interests or places they would like to explore,

and make plans to go on the "journey." Each participant records the activity in their journal, or "travel diary," including souvenirs and reflections on questions such as "What makes it easy and what makes it difficult to join in and participate in activities?" and "Think about places in your community that are welcoming. What makes these places so accessible?"

The guidebook also includes skill-building activities to help participants learn how to listen and how to share, accepting and understanding differences, making people feel comfortable, joining in, solving problems, talking positively about yourself, accepting feedback, giving mutual support and many others.

In all, the book provides a good structure for experiential learning about differences and includes lots of suggestions for making the journey a mutually supportive one. This is an excellent tool to help people reach out, and to find ways to connect with each other, with personal and shared interests, and most importantly, to their community.

Dr. Linda Hill, a registered psychologist, worked with the Cowichan Valley Independent Living Resource Centre to create this illustrated book, which is self-published and being marketed world-wide. In addition, the book draws from Hill's collaborations with the Association for Community Living, the Canadian Mental Health Association and the Island Deaf and Hard of Hearing Society.

For more information contact: Building Bridges, Box 156 Duncan, BC V9L 3X3. Call toll-free at 1-888746-1529. E-mail: bridges@island.net

Canadian Mental Health Association 1999 National Conference

## REACHING FOR THE SUN

University of British Columbia | August 18 - 21, 1999

### Call for Proposals

#### Workshops, Displays, Poster Sessions

Deadline for applications, March 1, 1999

What are the best practices to lead us into the new millennium? We know that mental health practice will be vastly different in the future. This conference offers an opportunity and challenge to participants to develop a new and viable vision of community mental health.

The conference will look for presenters who will present on best practices in the following areas:

- Recovery/Rehabilitation
- Services and Supports
- Alternative Services vs. Mainstream
- Consumer & Family Initiatives
- Empowerment
- Children & Youth
- Aboriginal Health
- Cross Cultural
- Spiritual Healing
- Policy

**Workshops:** Will address key areas, and vary from 1.5 to 3 hours. Sessions are expected to be interactive and stimulate discussion among participants.

**Poster Sessions:** Will highlight programs and services, events and activities which address themes in Best Practices, above.

**Displays:** A wide variety of individuals and organizations can profile their activities, events and programs in the field of health promotion and in the fields where best practices and future directions are emerging.

We especially encourage youth and youth organizations to submit proposals.

For proposal guidelines or information contact:

**National Conference Program Committee**  
**CMHA, BC Division**  
1200 - 1111 Melville Street  
Vancouver, BC V6E 3V6  
Tel: 604/688-3234

# Out of Bedlam

Reviewed by  
Eric McKechnie

Of all the controversies in the field of mental health, none is more contentious than deinstitutionalization — the process in which the traditional psychiatric hospital was replaced with real (or imagined) services located in the community. Depending on its context, the word “deinstitutionalization” may be associated with miracles (the “wonder drugs” introduced in the early 1950s), revolutions (the shift from custodial care to psycho-social rehabilitation) and disasters (the over-representation of the mentally ill on skid row).

According to Ann Braden Johnson’s book, *Out of Bedlam*, deinstitutionalization was a political, rather than a clinical, phenomenon. Specifically, large psychiatric hospitals were downsized not because of new drugs and new attitudes, but simply because they were too expensive to continue operating at peak capacity. According to Johnson, “Deinstitutionalization, that rational sounding process, was never planned, nor was it even named until twenty years after it happened.”

Needless to say, such profound changes would be chaotic even if they were carefully planned. If, as Johnson suggests, there was little or no planning, then the effects of deinstitutionalization could only be catastrophic. Unfortunately, this was the case for many ex-patients who, unprepared and perhaps even unable to cope with society, soon found themselves in jail or in homeless shelters. This phenomenon suggests that the process should more accurately be called *transinstitutionalization*.

Even the “lucky” ones quickly discovered that their only defense was a self-serving bureaucracy.

On a more hopeful note, Johnson includes a thoughtful section on how we can reorganize our mental health system to take better care of clients. Johnson’s solution is simple, but often overlooked: services should be geared towards what clients need and want, not what professionals think clients should want. For example, when it comes to housing, people coping with mental illness need something more than a warm, dry place to sleep. They also need “a place where they can belong, where their peculiarities will be tolerated and, even better, understood.” Johnson stresses that clients should not be treated in a paternalistic way, which is a temptation for even the most enlightened service providers. Most importantly, she wisely counsels staff to concentrate on real problems, avoiding the traditional power struggles over petty issues such as the excessive consumption of cigarettes and coffee.

Johnson’s work is a fascinating introduction not only to the subject of deinstitutionalization but also to the world of mental health. The part of the book which I found the most enlightening was her history of mental health. Beginning in the eighteenth century with Phillippe Pinel removing the manacles from the inmates of Paris’ infamous Bicetre, Johnson proceeds to discuss the origins of moral therapy (roughly equivalent to the “modern” idea of psycho-social rehabilitation). She then examines the establishment of the Asylum as a peaceful refuge — always small and usually located in a bucolic setting — where the mentally ill

could regain emotional equilibrium. She concludes with the rise and fall of what Erving Goffman called the “total institution”: i.e. the large state hospitals which were impersonal at best, and brutal at worst.

Regarding her writing style, Johnson is blunt and, at times, sarcastic. While some readers will be entertained by her mordant wit, others will find her style to be distracting, if not offensive. A weakness that almost ruins the book is the author’s habit of referring to psychiatric survivors with such derogatory labels as “psychos” and “deviants.” Presumably, this is meant to be an example of irony. Nonetheless, such an approach is unprofessional and, considering her genuine compassion for the mentally ill, more than a little puzzling.

In conclusion, Ann Braden Johnson has written a thought-

provoking book in which her extensive research is animated with anecdotes from her front-line work. The issues she examines are controversial and few people will agree with all of her opinions. However, the reader never doubts her personal dedication. With this in mind, I conclude with a quotation that reflects Johnson’s (and, I am glad to say, my own) experience working in mental health: “Chronically mentally ill people have showed me things I never would have known, they have told me things most people never hear, and they continually amaze me with their generosity and kindness toward each other and to an outside world that treats them like lepers.”

*Eric McKechnie is a support worker with the Mental Patients Association in Vancouver, BC*

## Books on community inclusion published by and available through CMHA, BC Division

**A New Framework for Support.** John Trainor, Edward Pomeroy & Bonnie Pape. Outlines the philosophy of community-supported rehabilitation and system reform adopted by the Canadian Mental Health Association (1994)

**Diversity Works.** Lana Frado. How to make workplace accommodations work for employer and employee. Canadian Mental Health Association (1994).

**Learning Diversity.** Making accommodations for individuals with mental illness in university and college settings. Canadian Mental Health Association (1994).

**Steps to Employment: A Workbook for people who have experienced mental health problems.** Mental health consumer’s hands-on guide to getting and keeping real work. Canadian Mental Health Association (1997).

## RESOURCES ON COMMUNITY INCLUSION

### Organizations

Contact some of the following organizations for literature reviews and program information:

**Canadian Mental Health Association, National Office**  
2160 Yonge Street  
Toronto, ON M4S 2Z3  
(416) 484-7750

**The Centre for Community Change through Housing and Support**  
Institute for Program Development  
Trinity College of Vermont  
208 Colchester Avenue  
Burlington, VT 05401  
(802) 658-0000

**The Research and Training Center on Community Integration**  
Syracuse University  
724 Comstock Avenue  
Syracuse, NY 13244-4230  
(315) 443-4484

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### Books

**The Different Drum: Community making and peace.** M. Scott Peck, New York: Simon & Schuster (1987).

**Crossing the River: Creating a Conceptual Revolution in Community and Disability.** D. Schwartz, Massachusetts: Brookline Books (1992)

**Interdependence: The Route to Community.** A. Condeluci, Florida: Paul M. Deutch Press Inc. (1991)

**The mentally ill in community based sheltered care: A study of community care and social integration.** S. P. Segal & U. Avarim, New York: Wiley (1978).

**Return to Community: Building support systems for people with psychiatric disabilities.** Paul J. Carling, The Guildford Press (1995).

**The Whole Community Catalogue: Welcoming people with disabilities into the heart of community life.** D. Wetherow, Ed., Winnipeg, MB: Gunnars and Campbell (1992)

**Working with a Psychiatric Disability.** M. Downs, Centre for Change through Housing and Support (1989).

**The nonrestrictive environment: A resource manual on community integration for people with the most severe disabilities.** S. J. Taylor, J. Racino, J. Knoll, & Z. Lutfiyya, New York: Human Policy Press (1987).

### Articles and Papers

Aviram, U., & Segal, S. P. (1973). Exclusion of the mentally ill: Reflections on an old problem in a new context. *Archives of General Psychiatry*, 29.

Carling, P. J. (1990a). Major mental illness, housing, and supports: The promise of community integration. *American Psychologist*, 45(8).

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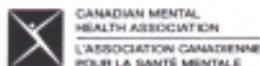
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### Magazines

**Ability Network: Canada's cross-disability magazine.** Since 1992. (P.O. Box 2405, 21 MicMac Blvd., Dartmouth, NS B3A 4T4)

**Abilities: Canada's lifestyle magazine for people with disabilities.** Since 1988. (Canadian Abilities Foundation, 444 Yonge Street, Toronto, ON M5S 1T1)

**Transition.** Since 1992 (BC Coalition of People with Disabilities, 204 - 456 West Broadway, Vancouver, BC V5Y 1R3)



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