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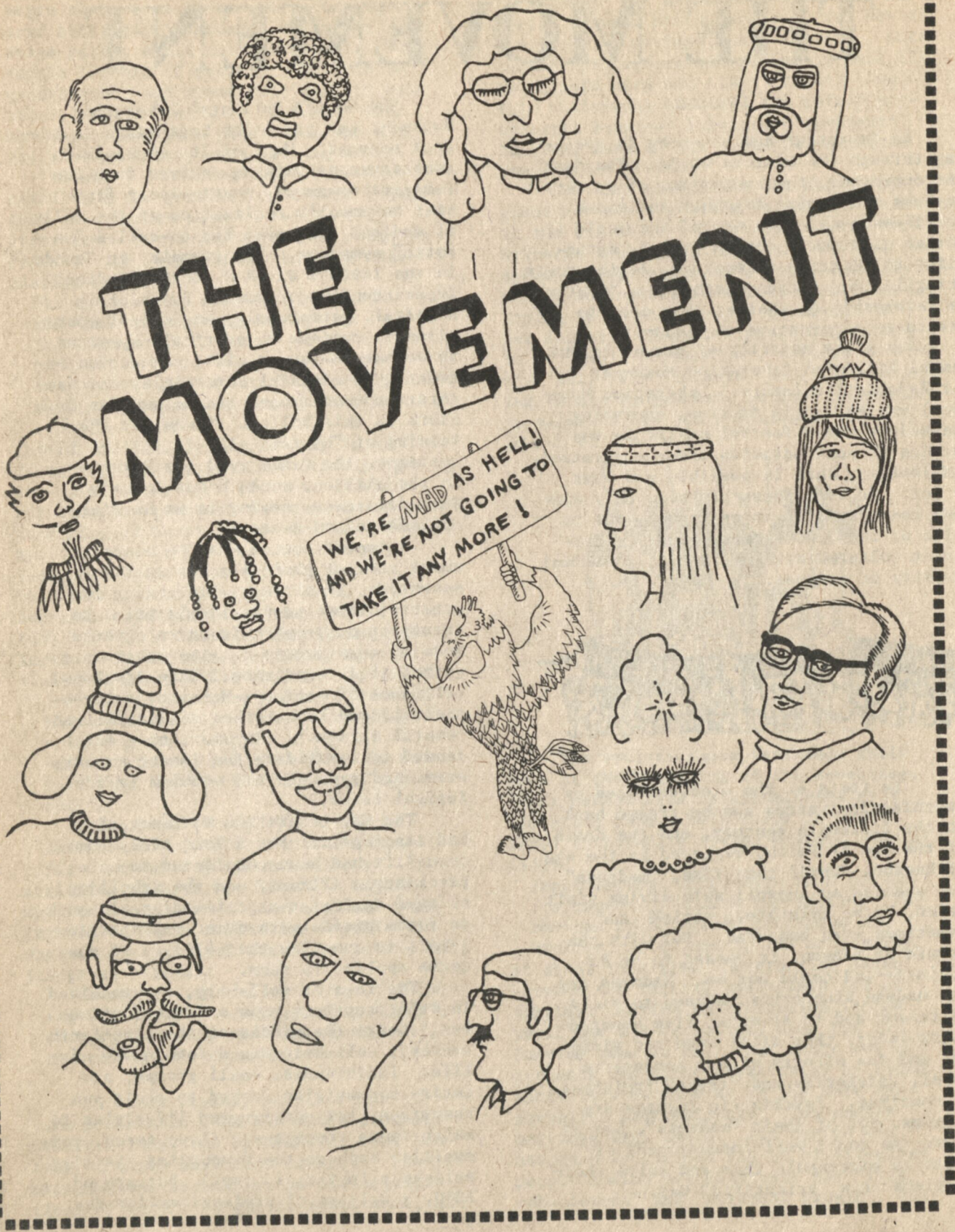


FALL 1981

THE MOVEMENT

THE MOVEMENT

by *Mel Starkman*

An important new movement is sweeping through the western world. The "mad", the oppressed, the ex-inmates of society's asylums are coming together and speaking for themselves. The map of the world is dotted with newly formed groups, struggling to identify themselves, define their struggle, and decide whether the "system" is reformable or whether they need to create an alternative community.

The great majority of groups in the Mental Patients' Liberation Movement (or Psychiatric Inmates' Liberation Movement) use self-help tactics, educating themselves and a fearful public in the tactics of confrontation and co-operation, and learning what is possible and what is not. So far, there has been only minimal co-ordination among groups, but in spite of this, different groups in different cultures have arrived at a virtual identity of purpose.

The roots of the problem faced by psychiatric inmates can be traced back to the fifteenth century, and the death of the Age of Faith, replaced by the Age of Reason. Until that time, "madness" was seen as an inexplicable, divine visitation, to be tolerated, pitied and sometimes even honoured. But with the growth of reason, it needed to be *explained*--and could not be. Madness and the madman stubbornly refused to yield to reason and to science; five hundred years later, they still have not yielded, and the efforts of our society to label, categorize and "treat" fruitlessly continue. Psychiatric inmates are victims, not of their "madness", but of these (no doubt well-intentioned) efforts to pigeonhole them and solve their problems in a "scientific" way.

The Mental Patients' Liberation Movement can trace its beginnings to several sources. Much of its emphasis on consciousness-raising derives from the feminist movement, particularly from that movement's realization of the folly of medical treatment for so-called "neurotic" symptoms. For example, in Canada in the 1890s a Dr. R.M. Bucke, Medical Superintendent of London Psychiatric Hospital, performed gynecological operations to relieve "hysterical" symptoms in women. He saw a close connection between gynecological deformities and psychiatric conditions, and he was far from alone in this belief. (Consider the meaning of "hysterical"--it derives from *hysteron*, the Greek word for "uterus".) In the sixties, women began to reject such treatment, seeing it as harmful, oppressive and sexist.

A second source was the movement among radical professionals in the early seventies, inspired by R.D. Laing among others. These professionals tried to interpret schizophrenia as an altered mode of consciousness rather than as a pathological condition. They developed critiques of society--Marxist, existentialist, and so on--that de-medicalized "mental illness". However, they still tended to invalidate the inmate experience, and approach the problem in ideological terms.

The Gay Liberation Movement also had its impact. For a long time, homosexuality had been considered to be a psychiatric illness, and the rebellion of gays against that definition did much to force people with other psychiatric labels to question the validity of the terms applied to them.

The idea of self-help, as practised in other settings, was a further stimulus. Until the middle of the nineteenth century, self-help was a common way of life. Individuals, small groups, and entire communities looked to their own resources, and constructed lifestyles to match those resources. (Even today, communities such as the Mennonites practise self-help in the old way.) But around 1850, a culture of professionalism de-

veloped. Teachers, lawyers and doctors began to be seen as experts; they developed mystifying languages which the average person could not understand. They became leaders of society, deferred to by everyone, and answerable only to each other. Their claims to "science" were not questioned by a population who did not know what they were talking about.

Since the clients could not understand what the professionals were doing, they were thrown back on faith; they still are. For example, a 1979 Position Paper of the Canadian Psychiatric Association states:

> *The essence and very existence of the healing professions depends on the element of trust in the relationship between the person (hereinafter referred to as "patient") requiring treatment and the professional consulted.*[1]

The faith, however, works only in one direction; professionals routinely ignore the perceptions of their clients. For example, consider the studies of psychologist Larry Squire on ECT. *Virtually every subject* reported memory loss; Dr. Squire states, nonetheless, that memory loss does not occur. Or consider psychiatrist Vivian Rakoff's review of Blue Jolts (a compelling collection of inmate experiences, also reviewed in Phoenix Rising, *vol. 2, no. 1):*

> *We require more sobering examination of our errors and at this stage something more helpful is needed in our approach to the sick than the notion that "sanity is a trick of agreement".*
>
> *The book's only effect may be to alarm some people who could benefit from our imperfect services.*[2]

Attitudes such as Dr. Rakoff's explain why the Ninth Annual International Conference on Human Rights and Psychiatric Oppression expressed itself as it did in its press release:

> *We demand ... an end to a way of thinking which calls our anger "psychosis", our joy "mania", our fear "paranoia", and our grief "depression".*

In other fields, people began to take power back from the professionals. Credit unions, run by members, took control of money away from bankers. Tenants' associations sprang up, as did organizations of people on public assistance, and of other groups persuaded that the "professionals" did not always know what was best. Vietnam protesters took war out of the hands of professional soldiers. Anti-nuclear protesters stated loudly that the scientists were not always right. And this philosophy affected the infant psychiatric inmates' liberation movement; in fact, many of its founders came from these other groups.

The last source was the Mental Hygiene Movement, started in North America in the thirties by Clifford Beers. The movement took upon itself the task of speaking for "patients", but eventually became an institutionalized structure, trying to educate people to adjust to our society. Beers, himself considered to be "manic depressive", refused to work with self-help pioneers, possibly, according to his biographer, because he wanted to maintain his own position as the "advocate of the insane."[4]

Workbook

Beginnings

The radical therapists made their move at the beginning of the seventies. Their perspective is illustrated by a quotation from a 1973 issue of *Rough Times* (originally titled *Radical Therapist*):

> *Psychological oppression is a pervasive aspect of modern capitalism. The choices of bourgeois existence are madness, total apathy and conformity.*[5]

At about this time, interaction began between the radical therapists and ex-inmates. Active collaboration lasted until the mid-seventies, when the ex-inmates came to feel that their own experience was being invalidated by these therapists as much as by the more conservative professionals. The uneasy marriage fell apart. Its demise was hastened by the new fad of middle-class people seeing psychiatrists for "life enhancement" and "personal growth", and

by the springing up of trendy therapies such as EST and primal therapy. At the same time, cult groups such as Scientology, who criticized psychiatry in the hope of supplanting it with their own quasi-religion, were causing ex-inmates to wonder if perhaps their so-called enemies--the psychiatrists--were less harmful than their so-called friends.

One of the earliest spokespersons for the Mental Patients' Liberation Movement, and still an activist in that movement, was Judi Chamberlin. Her book, On Our Own: Patient-Controlled Alternatives to the Mental Health System, is based on her own experience. In her introduction she sums up the concerns of the movement:

For too long, mental patients have been faceless, voiceless people. We have been thought of, at worst, as subhuman monsters, or, at best, as pathetic cripples, who might be able to hold down menial jobs and eke out meager existences, given constant professional support. Not only have others thought of us in this stereotyped way, we have believed it of ourselves. It is only in this decade, with the emergence and growth of the mental patients' liberation movement, that we ex-patients have begun to shake off this distorted image and to see ourselves for what we are--a diverse group of people, with strengths and weaknesses, abilities and needs, and ideas of our own. Our ideas about our "care" and "treatment" at the hands of psychiatry, about the nature of "mental illness", and about new and better ways to deal with (and truly to help) people undergoing emotional crises differ drastically from those of mental health professionals.[6]

Europe

The Mental Patients' Liberation Movement sprang up at roughly the same time in Europe and North America. One of the earlier European groups was a Dutch group, Clientenbond in de Weizijnzorg. Clientenbond is now providing alternative options of care (not "treatment") and adjustment to society, and advocating strongly on behalf of inmates and ex-inmates. Their areas of effort are wide, and have created something close to an alternative community within a society they see as unredeemable. As well as providing direct services of a support and educational nature, Clientenbond is applying grass-roots pressure to the whole society, trying to change policies and attitudes. In particular,

they are trying to change traditional attitudes and opinions held by psychiatrists, psychologists and social workers--attitudes which Clientenbond members believe impede the course of treatment for many members.[7]

Clientenbond is only one example of a thriving European movement, which includes groups in England, France, Italy, Belgium, West Germany, Great Britain and other countries. The British groups are loosely organized in the Federation of Mental Patients Unions, which is organized mainly around the issue of inmates' rights. The entire continent is involved in the European Network for Alternatives to Psychiatry, founded in Brussels in 1974. The network functions primarily as an information exchange, and involves ex-inmates, radical professionals, and lawyers working in the field.

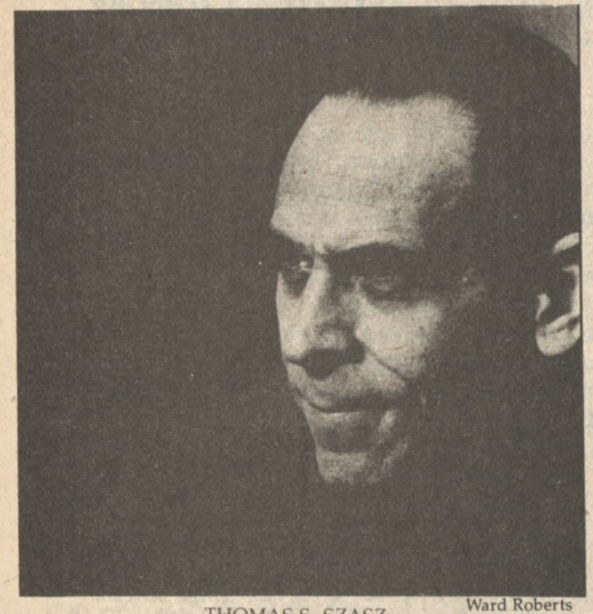
North America

Clientenbond and other European organizations tend to be national in nature. In Canada and the United States, probably because of the much greater size of the countries, regional activity is more common; groups tend to exist on a local, state or provincial basis. As well, North America has developed, along with organized groups, individual charismatic personalities operating on their own with a small group of devoted followers. The effectiveness of these individuals (such as Toronto's Pat Capponi) is mixed; they are very effective at commanding media attention, but often represent a highly individualized perspective rather than a democratically arrived at collective viewpoint.

In Canada, and to some extent in the United States, the Mental Patients' Liberation Movement has developed ties with other self-help groups (such as Toronto's BOOST--Blind Organization of Ontario with Self-Help Tactics--or Boston's Disabled People's Liberation Front). These organizations share a common goal: to demonstrate that exist-

ing power structures must adjust to the realities of "consumers'" rights to make decisions about programs and structures that directly affect their lives. The strength of such coalitions has been dramatically demonstrated; for example, the Ontario Coalition on Human Rights for the Handicapped has profoundly affected the scope of human rights legislation in Ontario through the co-operation of the mentally, physically and emotionally handicapped.

The Mental Patients' Liberation Movement in North America has passed through a number of phases. The first was that of working with radical therapists, who were virtually the only people providing a perspective different to that advanced by the main body of psychiatrists.



THOMAS S. SZASZ Ward Roberts

However, as already mentioned, this was an uneasy alliance, and many inmates and former inmates moved on to the second phase--withdrawal into self-directed groups. They practised self-education and total democracy, in an effort to avoid the kind of hierarchy of power that they had experienced as inmates. There was an almost total lack of structure, and an emphasis on collective decision-making and action. Priorities at this stage were consciousness-raising and politicization. At the same time, many groups were attempting to provide the kind of support to people that was lacking within the psychiatric system. Experiments were launched in alternative housing, alternative crisis assistance, and alternative social support. Houses were rented, storefronts were opened, and rights issues were addressed.

Much of the North American movement is still--through necessity or choice--in this second stage. The third phase began when some groups began to attract substantial funding. The groups getting grants went, in some respects, in different directions from the grantless. Total democracy and lack of structure came up against the hard reality of managing sizeable amounts of money. Funded groups were, on the one hand, in a better position to address such concerns as housing and employment and, on the other hand, less inclined to be purely political in nature, and to make a priority of radical protest against the psychiatric establishment.

Consequently, certain issues arose within the movement. Was it possible to collaborate in some efforts with professionals and established voluntary agencies, or would the movement of necessity continue to be isolated and totally anti-professional? These questions have not yet received a decisive answer.

As an illustration of the development of the Mental Patients' Liberation Movement, it may be helpful to look at the development of movement groups in several North American cities.

New York

In 1948, a group of people in New York started WANA (We Are Not Alone). It was formed by inmates of Rockland State Hospital. Volunteers in the community found the group a place to meet, but in the process "transformed the group from a self-help project to a new kind of psychiatric facility."[8] Professionals were hired, and by the early fifties "most of the original founding group of ex-patients quit in disgust."[9] WANA became Fountain House. One of WANA's members commented on the change:

> *There was a feeling of solidarity and companionship in WANA that deteriorated when the professionals got involved. For awhile, the ex-patients continued to run the club. We raised our own money [by holding bazaars, for example], and we voted in new members. But eventually the administrators decided to take that power*

away from us. Instead of the members deciding who could join, when new people came in they were interviewed by the staff, who decided if they were "suitable cases." WANA was unique because patients ran it--that was abolished when it became Fountain House.[10]

Soon afterward, a group of New York ex-inmates formed Mental Patients' Liberation Project (MPLP). A storefront was opened on West 4th Street, "a really funky neighborhood".[11] By the mid-seventies the storefront had disappeared. However, before MPLP died it issued a Manifesto of Mental Patients' Rights, one of the first in existence. Another, more radical, group also formed, calling itself the Mental Patients' Political Action Committee. This group attended a conference on lobotomy, and also disrupted an orthopsychiatric conference.

When Project Release appeared on the scene, it was an example of what Judi Chamberlin calls the separatist model--a real rather than a false alternative to the discredited "mental health" system -- run totally by ex-psychiatric inmates. Project Release sees itself, not as providing services, but rather as a supportive community.

It is an important distinction, because the concept of a service implies the existence of two roles, the server and the served. No matter how much a group may attempt to break down such roles, some residue of them always remains when a group is delivering "services." The concept of community, on the other hand, implies interaction ... . The separatist model is by far the most radical of alternative services, but it is also the model that promotes the greatest degree of ex-patient confidence and competence.[12]

Project Release was formed around the issue of single-room occupancy hotels in Manhattan's Upper West Side. Many ex-inmates and others on welfare were housed "in totally inadequate and unsafe conditions."[13] At first, Project Release got office space from a tenants' organizing committee; later it got a room in a neighbourhood Universalist Church. Its activities spread to publishing A Consumer's Guide to Psychiatric Medication and working on a patients' rights manual.

In late 1976, Project Release obtained a $10,000 foundation grant, with which they rented an apartment and opened a community centre. The centre is busy from late in the morning until late in the evening, seven days a week, with a communal meal in the evening. No one is designated as "staff". Passive participation is discouraged, and each member is required to serve on one or more of the committees responsible for activity areas. As Project Release's Statement of Purpose says:

drawing from "In Woman's Soul"
1972 Peace Calendar

Suzanne Dahlquist

Professional supervision creates a dependency pattern which is a cause of recidivism. In the informal programs of Project Release, members seek to extend acceptance and cooperation, letting each individual set his/her own pace in tasks and responsibilities. Project Release feels that this form of self-help is a strong antidote to the anxiety of isolation and helplessness induced by society and psychiatry.[14]

Project Release avoids structuring as much as possible, "preferring occasional confusion to impersonal efficiency."[15] Staff/client relationships are nonexistent. No one receives a salary. Rather, the concept is one of community, of people caring about people and helping each other.

Today Project Release has a mailing list of over 2,000, and all the social service agencies in New York call on the group for representation on "mental health" questions.

Kansas

The Kansas City story really begins in New Haven, Connecticut. In 1968, Sue Budd had helped start a social club on a psychiatric ward. The club was very anti-psychiatry in tone. There was some help from professionals at first, but basically Sue ran the club. Sue's husband, Dennis, tells it this way:

[The social club] was loosely supervised by a social worker, who saw Sue and me every week. And Sue ran the club. It was most successful. It had a membership of ten to twelve. We shunned the help from the mental health association that was offered to us. A lot of people who were sent to our club were dismissed as hopeless by the staff. A lot of them improved while they were with us.

Then Sue's boss moved to Kansas City and we decided to move with her. After she left, the Connecticut Mental Health Association laid down some rules and regulations for structuring such social clubs. Among these rules and regulations was a stipulation that no current or former mental patient should be a director of the club, because it was a hindrance to their returning to normal society. Sue attempted from long distance to fight this, but there was no way, and the club was too weak and it died. Sue was in a rage, a total rage, over this, and that was what provoked her to get politically involved.[16]

Meanwhile, in 1972, a group of students and faculty at Kansas University's School of Social Work formed the Kansas Council for Institutional Reform, in response to the commitment of a white student by her mother because she had been dating a black man. She was released after an organized legal effort. The Council started a monitoring process, and produced a model commitment law which was introduced into the legislature in the spring of 1973.

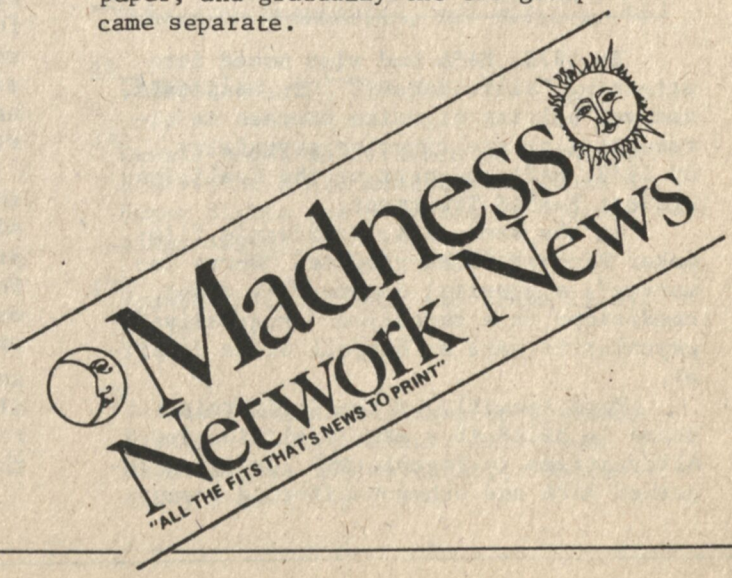
Sue and Dennis started a Kansas chapter of a group which had been active in Connecticut--the Medical Committee for Human Rights. It produced a Mental Health Task Force, which lasted two years. The task force became involved with a group of ex-inmate nursing and boarding home residents, and undertook what was called a Resocialization Project. Although the project was formed to resocialize the residents, it ended up empowering them by raising their consciousness of their oppression.

One of the residents was informed that the operator of one of the homes had been confiscating residents' support cheques. Protesters and reporters from the local TV station sneaked into the home and exposed the conditions; the house was shut down as a consequence. But shortly afterward funding for the Resocialization Project was cut off. Ironically, Dennis says, this happened one day after the project had been nominated for an award by the director of the local community mental health centre.

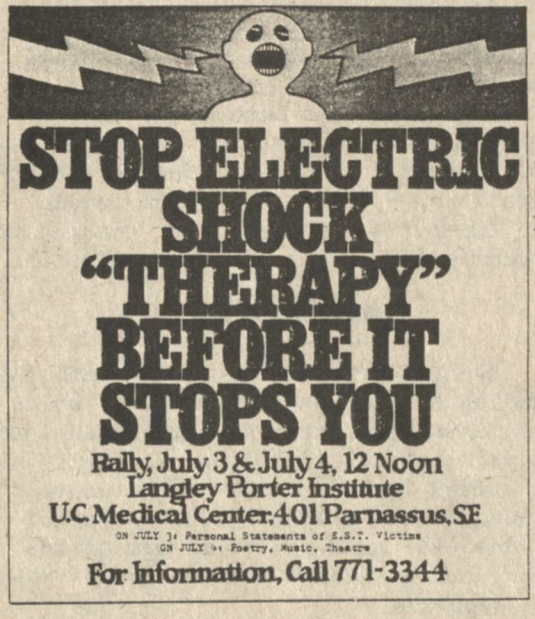
These events caused a fight between the radical professionals and the ex-inmates in the Medical Committee for Human Rights. The radical professionals won, and a number of the ex-inmates split away from the Committee. These ex-inmates were approached by the university group, the Kansas Council for Institutional Reform, and joined forces with them; the name was later changed to Advocates for Freedom in Mental Health.

California

Events in California began with the founding of *Madness Network News*, which began as a newsletter and developed into the main publication of the movement in the United States. Some of the staff founded NAPA (Network Against Psychiatric Assault) as a political arm of the paper, and gradually the two groups became separate.



The first meeting of NAPA in 1974 was attended by more than 250 people, in spite of a city-wide bus strike. It got underway with a vengeance. Several committees were struck and went into action, including a Drug Action Committee, which in less than a month was confronting the American Orthopsychiatric Association. Immediately afterward, NAPA held a public forum to present an anti-psychiatry play. The Legal Action Committee began working with a senator and an assemblyman to introduce legal amendments providing for the right to refuse chemotherapy, shock treatment and psychosurgery. An anti-shock campaign got underway, along with a wide-ranging variety of seminars. NAPA, through Howie the Harp, organized a Coalition of Social Support Income Recipients.



By 1976, NAPA had also moved into attacking "slave labour"[17] in hospitals, and was helping organize courses in alternative perspectives on psychiatry. By 1979, NAPA was part of the Coalition Against Forced Treatment.

At the same time, California filmmaker Richard Cohen produced "Hurry Tomorrow", a powerful documentary about conditions on a so-called "progressive" psychiatric ward at Norfolk State Hospital.

More recently on the California scene is BACAP (Bay Area Coalition for Alternatives to Psychiatry), bringing together NAPA and other California groups.

Annual conferences

As groups sprang up around the United States and began to find one another, they looked for ways to get together, share information, and support one another. The result was the First National Conference on Human Rights and Psychiatric Oppression, held in Detroit in 1973. (The name has since been changed twice--first to "North American Conference" and then to "International Conference"--to reflect widening geographic participation.)

At that first conference, some important things happened. Resistance developed among the ex-inmate participants to the idea of a structure being advanced by professional attendees, and the resulting dynamics produced a very unstructured, free-floating conference; the pattern has largely held ever since. There were no plans made to hold a second conference, but during the intervening year a Kansas group (Advocates for Freedom in Mental Health) and a New York group (Mental Patients' Liberation Project) decided to organize one in Topeka, which advertised itself as "Psychiatric Capital of the World".

The Topeka Conference began the tradition of organizing a demonstration as part of each conference, as well as continuing the idea of lack of preplanned structure. Movement veterans tend to remember Topeka as a high point in the organization of the movement, as a "beautiful"[18] conference.

In 1975, the conference moved to San Francisco and a much more structured format. Reactions were so strong that the conference formulated an exclusionary rule to keep out professionals, who had been largely responsible for the structuring.

The 1976 Boston Conference was therefore totally unattended by professionals. This was the conference that produced the movement's first and only Position Paper--the first unified statement by the American movement as a whole, which emphatically condemned commitment and forced treatment. The conference also decided to relax the exclusionary rule, allowing professionals to attend the second half of the next conference.

Consequently the 1977 conference,

in Los Angeles, was split into two with ex-inmates only for the first half and professionals included in the second half. Again the experience was considered unsatisfactory, and the rule was altered to once again exclude professionals, unless they were sponsored by a legitimate anti-psychiatry group. The rule has been basically unchanged since then.

The 1978 Conference in Philadelphia, 1979 in Florida, 1980 in San Francisco (see Phoenix Rising, *vol. 1, no. 2*), and 1981 in Cleveland (see elsewhere in this issue) have continued to serve as a unifying force, not only to the North American movement, but to groups around the world. The participation of groups outside this continent is still limited, unfortunately, by the cost of crossing the ocean, but at least a little European representation happens, and there are hopes for the future.

Next year, the conference will be held in Toronto, Canada--physically not far from the United States, but symbolically a large step. It heralds even more progress toward a truly international movement.

Footnotes

[1]"Consent in Psychiatry: The Position of the Canadian Psychiatric Association," approved September 1979. *Canadian Journal of Psychiatry* 25:1 (Feb. 1980), p. 78.

[2]*Canadian Journal of Psychiatry* 24:5 (Aug. 1979), p. 494. Dr. Rakoff is Chairman of the Department of Psychiatry, director, and psychiatrist-in-chief of the Clarke Institute in Toronto.

[3]August 31, 1981.

[4]Norman Dain, Clifford W. Beers: Advocate for the Insane. Toronto: University of Toronto Press, 1980, p. 304.

[5]The Rough Times Staff. Rough Times. New York: Ballantyne Books, 1973, p. vii.

[6]New York: McGraw-Hill, 1978, p. xi.

[7]Andrew W. Hepburn and Anton F. DeMan. "Patient Rights and the Dutch Clientenbond," in *Canada's Mental Health* (Sept. 1980), p. 17.

[8]Jordan Hess. Quoted in Judi Chamberlin, On Our Own: Patient-Controlled Alternatives to the Mental Health System. New York: McGraw-Hill, 1978, p. 87.

[9]*Ibid.*

[10]*Ibid.*, p. 88.

[11]Allan Markman, in workshop on Movement History at Ninth Annual Conference on Human Rights and Psychiatric Oppression, August 29, 1981.

[12]Chamberlin, *op. cit.*, p. 95.

[13]*Ibid.*

[14]Quoted in Chamberlin, *op. cit.*, p. 96.

[15]Chamberlin, *op. cit.*, p. 97.

[16]Dennis Budd, in workshop on Movement History at Ninth Annual Conference on Human Rights and Psychiatric Oppression, August 29, 1981.

[17]*Madness Network News* 3:6 (June 1976), p. 7.

[18]Dennis Budd, in workshop on Movement History at Ninth Annual Conference on Human Rights and Psychiatric Oppression, August 29, 1981.

The Canadian Movement

AUTO-PSY

Auto-psy, 45 St. François Est, Québec, P.Q. J1K 1Y4. 418-529-1978.

Auto-psy is the new name of A.Q.P.S. --l'association Québécoise des psychiatrisés(ées) et des sympathisants(es).

It's been in existence since July 1980, and is made up of ex-psychiatric patients and sympathizers. There are no professionals in the group. It has 188 members, although only ten or fifteen are active.

Auto-psy is mainly interested in psychiatric inmates' rights and acts as liaison between its members and the professional community. The group also tries to promote ties with other self-help organizations.

It has received funding from three sources: Centraide (which is the United Way), l'Organisation mentale d'éducation populaire, and l'Office des personnes handicappées du Québec. The last gave Auto-psy a grant to do a one-hour videotape on life in psychiatric institutions.

Members have just completed a guide to the effects of psychotropic drugs, and are now working on an inmates' rights pamphlet. Their book on psychotropic drugs is presently being distributed free to mental health consumers by the social services department in Québec City.

The group meets every Monday night for informal activities. The new location is now open from nine to five for anyone who wants to drop in.

Auto-psy is run on a democratic basis and has a "conseil administratif" (board of directors) made up of seven members. Elections are held once a year.

People who need help for emotional problems and who come to Auto-psy are usually referred to another group called Coupe-Circuit. They can be reached at the same number as Auto-psy. Auto-psy also maintains ties with l'Association Québécoise pour la promotion de la santé, a group that concerns itself with promoting health in general.

BY OURSELVES

By Ourselves, c/o Steve Stapleton, 1821 Scarth St., Regina, Sask. 306-525-1093.

By Ourselves has fifty members and has recently moved its drop-in to a new location in the old Crown Building in the downtown core after receiving an eviction notice from its last landlord.

This group has funding for its drop-in centre until April of 1982, thanks to grants from the International Year of the Disabled Person and PLURA, an inter-church funding agency. They are anxiously waiting to hear from the federal government about a grant application they have made to pay for three staff to operate the drop-in and run programs.

By Ourselves has a fairly unstructured drop-in program, but plans are in the making to start a discussion group and a newsletter. Steve Stapleton is also looking into possible training to do legal advocacy work for former and present psychiatric inmates.

This group has been in existence for almost a year and holds general meetings once a month to discuss the running of the centre. Membership is free. Violence, liquor and non-prescription drugs are not allowed on its premises.

Recently the group has been attracting new members through good media coverage it has been getting on local TV programs and a full-page story in the Regina *Leader-Post*.

CALGARY SELF HELP

Calgary Association of Self-Help, 1117 Macleod Trail S.E., Calgary, Alta. T2G 2M8. 403-266-8711.

This organization is a marriage of the self-help model with social services in an attempt to provide alternatives and a complement to institutional care in Calgary.

Calgary Self-Help gets most of its funding from the Alberta government. The resources of this organization are overseen by a board of fourteen people--seven with expertise in the community and seven who have had psychiatric treatment and are members of Calgary Self-Help Association.

The ex-inmates on the board are voted into their positions every two years, or as often as they need to be replaced, by the paying members of Calgary Self-Help. (People can join Calgary Self-Help without paying the token $1.00 membership charge but they can't vote.) There are approximately 720 active members, and many more use the facilities.

Calgary Self-Help started in 1973 as a support group for and of people who had had psychiatric treatment. It was such a success that it got permanent funding and broadened its program to include Life Skills Training, a short-term housing service run out of the YWCA, a free housing registry, a job finding service for those with emotional and/or hearing handicaps, social/recreational services, and a chapter of Gamblers Anonymous. Its social/recreational drop-in is open 365 days a year.

Calgary Self-Help does no advocacy work, apart from attempting to get housing and employment for its members, although members can request that speakers be brought in to talk on particular topics.

Two of the sixteen staff members who run resources other than the short-term housing project (which employs thirty-five people) are ex-psychiatric inmates and former members of Calgary Self-Help.

Members of Calgary Self-Help make up the rules of the activity centre which include no bumming, violence, or being under the influence of alcohol or non-prescription drugs. Members of the organization also decide at general membership meetings, held every Thursday, whether or not a person should be suspended from Calgary Self-Help for inappropriate behaviour.

LAST BOOST

Last Boost Club, 330 Edmonton St., Winnipeg, Manitoba. 204-924-1027.

On November 27, 1981 the Last Boost Club celebrated its first anniversary with an open house in its new quarters, thanks to a $5,000.00 CMHA-sponsored grant from the provincial government.

Current membership stands at twenty, with Wednesday general meetings attended by from three to twenty-five people. Sunday meetings feature special events.

For close to a year the University of Winnipeg provided space for Last Boost, with resource personnel from the University of Manitoba.

Occasionally one of the U of M students from the Master's course in Social Work becomes a member. Students can attend for four weeks. Then if s/he wishes to join, the student is absent from the next meeting while membership is voted on by the members; it needs a unanimous decision. The two students presently members are "very compatible with the group", says President Kendra Russell, whose son Raymond is also a member. (See *Profile*.)

The group is already incorporated and has applied for a tax number, to make donations tax deductible. And the donation from the government of a Gestetner machine makes the printing of a members' newsletter possible.

Its constitution specifies that Last Boost is self-supporting and refuses any money that would cost control of the group or affiliate it with any outside group or association; it does sometimes co-operate with CMHA, as on a committee of five professionals and five "consumers" submitting counter-proposals to the Department of Health-planned group homes and halfway houses.

MPA

Mental Patients Association (MPA), 2146 Yew Street, Vancouver, B.C. V6K 3G7. 604-738-5177.

This self-help group is the oldest in North America and has been in existence for ten years. It serves hundreds of people.

In the past few years MPA has been turning its attention increasingly toward housing. MPA owns four homes which are run co-operatively by resident ex-inmates, plus eight private apartments above and beside its drop-in centre. It is in the process of completing a fourteen-unit apartment in the downtown core for "graduates" of its other five residences, which should be completed by early 1982.

rmand and Ted tuck into turkey with a smile (photo by . Hardy).

Its drop-in centre is open from eight in the morning to eleven-thirty at night, 365 days a year. Membership in MPA is free and not restricted to former or present psychiatric inmates. The power structure is horizontal rather than vertical with a board in name only. Paid staff members must be re-elected to their positions every six months by secret ballot.

MPA has weekly meetings to co-ordinate and run the office, drop-in and residence and to do research, open to anyone interested in attending. A general meeting of all MPA members is held once every three weeks to decide on matters affecting MPA policy.

Because of cutbacks in health care and the subsequent influx of people who are less able to cope into the organization, MPA is developing more structured programs and demanding more of its members.

MPA continues to lobby for major changes in the mental health care system, a "patients'" bill of rights, and a more humane *Mental Health Act*. It has recently given money to start an office in the new Vancouver Pre-Trial Services Centre to make sure people with emotional problems who have been arrested are given all the help and attention they need.

NAPP

Newfoundland Association of Psychiatric Patients (N.A.P.P.), 11 Church Hill St., St. John's, Nfld. A1C 3Z7. 709-753-2143.

This organization is still very young and doesn't have a formal board or structure yet. Most of its members belong to the CMHA Social Club (see *Profiles* section); however, an attempt is presently being made to set up a chapter in Corner Brook. N.A.P.P. has been in existence for over a year but suffered a serious setback when one of its most dynamic members, Michael Lecour, killed himself this summer. This group welcomes anyone who has received or is receiving psychiatric treatment from a doctor or psychiatrist. A token sum of money (twenty-five cents or whatever you can afford) is sometimes asked for to help cover costs.

NEW START

New Start Inc., c/o Jim McLarne, 415 3rd St. E., Saskatoon, Sask. 306-244-6733.

New Start began in March of last year with the CMHA providing space for its meetings, a telephone message line and some office space for the group.

Since we reported on New Start in our last issue, it has begun meeting every Friday night in a church hall, independent of CMHA, and has become incorporated. It will continue to use CMHA space for its office until it hears about two grants it has applied for--one from the Kinsmen Club to purchase a building for their organization, and another from the federal government to operate it.

This group started out trying to emulate MPA's horizontal structure, but found it didn't work for them. It now has an elected working board.

ON OUR OWN

ON OUR OWN: Ontario Patients' Self-Help Association, Box 7251, Station A, Toronto, Ont. M5W 1X9. 416-362-3193.

ON OUR OWN has been in existence for four years. Only people who have been in psychiatric institutions or have received counselling of some kind on the outside can belong to this organization or be hired as staff. There is no membership charge.

ON OUR OWN has strong links to groups in the United States and other self-help groups like it across Canada, strengthened by Phoenix Rising, which is published by ON OUR OWN four times a year and distributed across Canada.

ON OUR OWN has over 200 members and employs seven people. It runs a drop-in at St. Christopher House, 761 Queen St. W., three nights a week (Thursday, Friday and Saturday from 6 p.m. to 10:30 p.m.), and operates a used goods store, The Mad Market, five days a week.

This organization's programs and services are funded by a number of grants from city, provincial and federal governments; all of these grants have been received in the last two years. ON OUR OWN operates work adjustment programs out of its store and in the Phoenix Rising office, to help ex-inmates become familiarized with the work world again and get back on their feet.

Because of lack of manpower and funding its drop-in program is fairly unstructured; however, drug, shock and legal rap groups are planned for the upcoming year. ON OUR OWN is also planning to publish a Canadian "Consumer's Guide to Psychiatric Medication" this year. Four summer students have already done much of the legwork in researching this project.

ON OUR OWN holds dances or dinners about once a month, and also publishes an in-house newsletter called "The Mad Grapevine". The general membership meets the last Thursday of every month to discuss and vote on the policy and direction of the group; decisions are carried out by its seven-member ex-inmate board.

ON OUR OWN members are actively involved in coalitions with other community groups over housing and the continuing fight (sparked by the death last year of Aldo Alviani) for an investigation into psychiatric care in Ontario. ON OUR OWN is a member group of ARCH, a legal clinic which specializes in dealing with handicapped people and their problems.

A member relaxes at On Our Own.

Next year, ON OUR OWN will be hosts of the Tenth Annual International Conference on Human Rights and Psychiatric Oppression.

PAT

Psychiatric Association of Timmins (PAT), c/o Florence Denison, 168 William Ave., Box 953, South Porcupine Ont. P0N 1H0. 705-233-3814.

This social club for ex-inmates was started two years ago by Florence Denison, its founder and president. PAT now has about fifty members with a core group of ten to fifteen active people and an executive of three.

In 1980 the group was given a $1,000 start-up grant by the Ministry of Health to get a co-op house going. After six months, the members decided they felt more comfortable and secure in a boarding and lodging house setting. Nine people from the group now share a rented house run in boarding and lodging style by two former inmates. Those who want to work in the house get a reduction in their rent. Florence feels, however, that the co-op house didn't have enough money or time to really make a go of it.

PAT meets the last Wednesday of every month in the office of "Lifeline", a

program run by *mental health/timmins* that matches up ex-inmates with volunteers or buddies. At the insistence of the Ministry of Health, Lifeline has one member of PAT on its six-member board. Florence says *mental health/timmins* does not interfere with the running of her group.

It has no outside funding--*mental health/timmins* pays for the office. PAT members hold raffles and swimathons to raise funds. They are attempting to do a little bit of advocacy to get reduced bus fares and reduced movie rates for their members. One of the group's most popular activities--potluck suppers--stopped temporarily this year when Florence became ill, although Lifeline has held dinners in their place. Florence is hoping to revive this activity now that she is back on her feet again.

SETI

Self Esteem Through Independence (SETI), #2, 565 Adelaide St. N., London, Ont. N6B 3J7, c/o Brenda Ruddock. 519-434-9178.

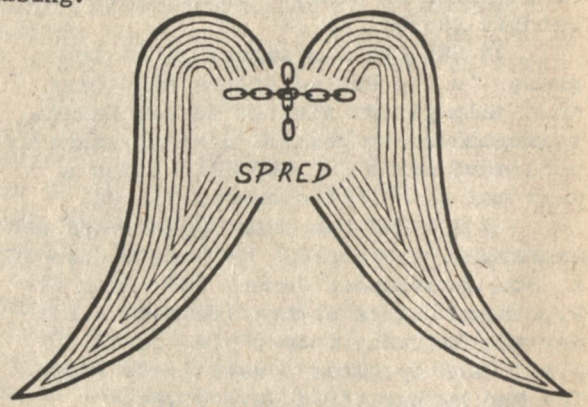
This group, formed in May 1981 after ON OUR OWN members visited London on a speaking engagement, is going through growing pains. It has decided to put off becoming incorporated until it's more settled. However, members are now meeting on their own, away from CMHA offices, at St. Paul's Anglican Church at Richmond and Queen, on the first and third Mondays of every month at 7:00. SETI has a working board but as yet has a fairly unstructured drop-in program. Some ties are being developed with self-help disability groups.

SPRED

Society for the Preservation of the Rights of the Emotionally Distraught (SPRED), 4927 Morrison, Niagara Falls, Ont. L2E 2C4. 416-358-7659.

At the time of this writing SPRED was still waiting to hear about a grant it had applied for from the Ministry of Health to pay volunteer expenses and hire three people to help run programs.

SPRED members operate out of a house given to them by a generous board member. Part of the house is used as a private residence for five people, and the lower floor and basement are used for support group meetings--held every Tuesday at 7 p.m.--and coffee houses--held every Saturday at 8 p.m. While they hope to eventually run a natural food store, they are presently trying to build up a strong group of volunteers and supporters and do consciousness-raising.



This group is about three years old and has the distinction of being the only ex-inmate self-help group in Friends of Schizophrenics (see *Profiles* in Phoenix Rising, *Vol. 2, No. 2*). Because Friends of Schizophrenics is a group composed mainly of parents or relatives of "schizophrenics", SPRED had to find prominent people, relatives and friends to serve on its board--but SPRED members pretty well run the show. Members of SPRED sit on the local District Health Council and a community Mental Health Action coalition.

SPRED has a core of thirty-five to forty who have paid the Friends of Schizophrenics fee to join it, and at least hundreds of other people who drop in to take part in its activities.

Its circle has expanded to include a satellite member group in St. Catharines--ten miles away--and one in Welland, fifteen miles away. As the St. Catharines group no longer has anyone's home as a meeting place, members usually drive into Niagara Falls for the support group meetings. Welland holds meetings at a member's home every second Monday. SPRED in Niagara Falls is trying to arrange for more car pools so that the three groups can get together more often on a regular basis.

SOLIDARITE

Solidarité-Psychiatrie Inc., 7401 rue St. Hubert, Montréal, P.Q. H2R 2N4. 514-271-1653.

There are over 200 members in this group, 75 of them active core members. Each day of the week is devoted to a different workshop. Mondays are reserved for meetings. Tuesdays are for writing workshops, Wednesdays for sewing, Thursdays for relaxation workshops, Fridays for electronics. Saturdays the centre is open from noon to five for informal socializing, and sometimes in the evenings for dances or get-togethers. People can drop in any time during the week from seven in the morning to ten at night.

The group is run by a board made up of four members elected annually. Solidarité-Psychiatrie has been in existence since May 1979. Two thirds of its money comes from the Ministère des affaires sociales as an unconditional grant. The rest of the money is raised through lotteries, sales, and members' support. The main emphasis is on egalitarianism, and most members have the opportunity to be organizers as well as participants.

Solidarité-Psychiatrie denounces "weaknesses, irregularities, and injustices" in psychiatric care. The group doesn't deny the existence of mental suffering, nor does it deny the positive effects of some professionals, but most of its members "deplore the medicalization of the suffering and the manipulations and power abuses it creates in the family, the community and the psychiatric institution." Its members have spoken about "mental illness" to groups and on radio and television.

Boston drug hearings

Psychiatric and ex-psychiatric inmates had a valuable opportunity to speak out against psychiatric drugs on July 23 this year in San Francisco at two sessions of public hearings. Approximately fifty inmates and ex-inmates testified for five to ten minutes each about some of their drug experiences, and covered four issues: risks; benefits; problems with the way drugs are used in public mental hospitals; and suggestions for changing how drugs are used.

The hearings were sponsored by eleven groups in the San Francisco-Bay area, including BACAP (Bay Area Committee for Alternatives to Psychiatry). BACAP is a strong coalition of ex-inmate and radical professional groups; it continues to play a leading role in changing California's "mental health" system.

Wade Hudson and Leonard Roy Frank, co-founders of BACAP, gave powerful statements. Hudson cited many scientific studies supporting two conclusions: (1) "[t]he alleged benefit most commonly ascribed to psychiatric drugs is at best completely unsubstantiated and possibly blatantly mythological." (2) Drug-treated inmates have higher readmission rates to psychiatric institutions than those not treated by psychiatric drugs.

Wade also asserted that "human support is more helpful than chemical control. ... The human support that is needed does not require degrees and credentials, but rather courage, wisdom, patience, compassion, understanding, honesty, warmth, and, above all, a recognition and acceptance of our limitations, our inability to control the human spirit."

Frank launched a frontal attack on some heavy psychiatric drugs, technically called "neuroleptics". He made three points: (1) Major psychiatric drugs such as Thorazine, Stelazine, Moditen (Prolixin) and Haldol are used to *control*, not "cure", people. (2) These psychiatric drugs are generally experienced as punishment or torture. (3) There have been many drug-related "sudden unexplained" deaths in psychiatric institutions; psychiatrists typically minimize the seriousness of, or cover

up, inmate deaths caused by or closely related to psychiatric drugs. Frank also cited studies showing that many inmate deaths were caused by aspiration (breathing foreign matter into the lungs), which "occurs among mental patients at a rate 20 times higher than among non-institutionalized people." Psychiatric drugs, Frank continued, have often deadened the gag reflexes, so that "inmates were unable to cough up the food that had become stuck in their throats and they suffered death by internal strangulation."

Frank ended his statement by calling for the establishment of "everyone's right to informed consent" and denouncing psychiatrists and other health professionals for their silence. He quoted the Talmud: "One who can protest and does not becomes a party to the act."

The 9th international conference

A Report
by *Don Weitz*

On Thursday August 20, seven of us from Toronto and one person from New York jumped into a Volkswagen van (freely provided by Volkswagen Canada) and headed southwest to Cleveland, Ohio--my "home town". Actually, Camp Manatoc, a boy scout camp about forty minutes from Cleveland, was the site of this year's conference. Project Renaissance/Patients' Rights Organization hosted the conference, with Christine Beck doing most of the organizing.

Six ON OUR OWN members went to the conference--Carla McKague, Ellen Northcott, Nancy Connor, Susanne Partridge, Mel Starkman and myself--as well as Albert Miceli, a resident and member of Houselink, which runs co-op houses for ex-psychiatric inmates. Our eighth traveller was Jean Dumont, a graduate student at Cornell University in Ithaca; Jean helped keep some of us mad Canadians sane during most of the trip.

After spending a frustrating hour looking for non-existent directional signs to Camp Manatoc, our home for the next four days and nights, we finally arrived around seven at night, tired and hungry. When we checked into the main building and dining hall, we discovered everyone else had eaten. We started to panic, but somehow managed to con the reluctant kitchen staff into feeding us.

We then trudged uphill to our cabin, which had the dubious distinction of being both integrated and segregated. We were a mixed bag of five women and three men. By mutual and informed consent, the women slept in one half, the men in the other. Fortunately, we had taken the Conference Committee's advice and brought along sleeping bags ("don't leave home without one") which we laid atop the cots. There were no rapes or serious fights--just gripes about two people snoring and the bland food, and sometimes forgetting to retrieve our sole flashlight which helped us find our way back at night.

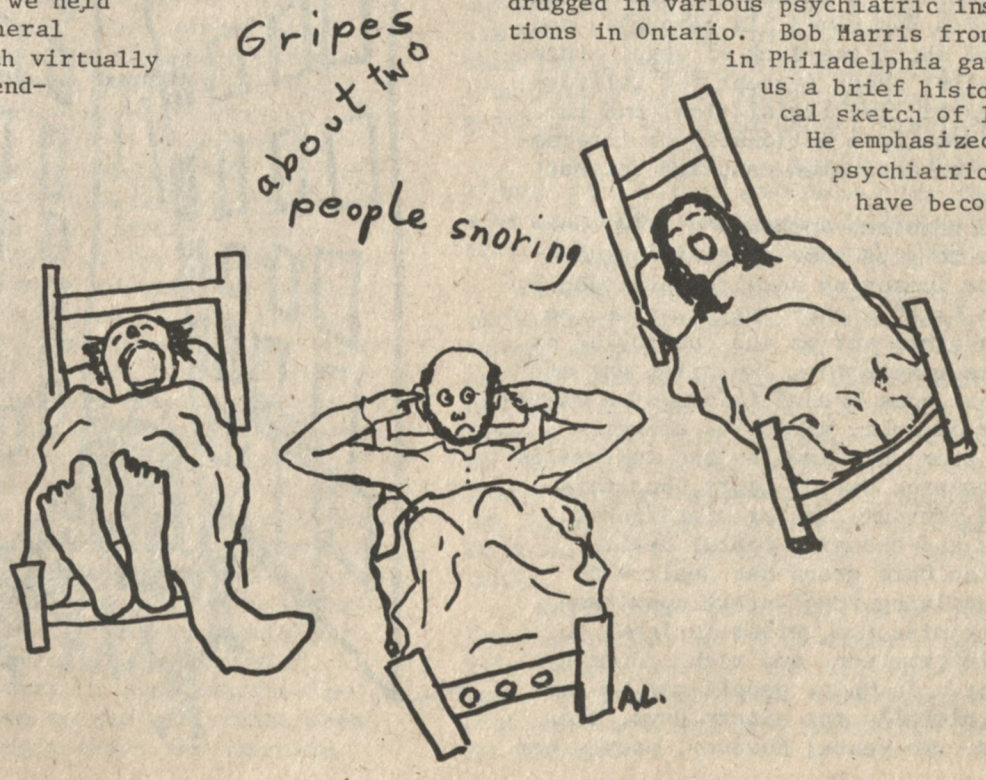
Of roughly 125 participants, 95% were ex-inmates, including one young man who had just escaped from a nearby psychiatric institution. There were a few radical health professionals endorsed by ex-inmate groups. Most of the people were from the East Coast and the Midwest, but there were also a few from as far west as Colorado and California, and one ex-inmate activist from Clientenbond, a 1500-member group in Holland.

Although this was my fourth conference (Topeka '74, Boston '76 and Philadelphia '78), I felt disappointed at the traditionally low turnout. We should be getting at least 200 to 300 people to our annual conferences. I know a lot of ex-inmates couldn't come because they didn't have the money for travelling or other expenses. It's time conference planning committees, together with the host group(s), made a special fund-raising effort to subsidize at least 20 to 25 people so they can attend and contribute to the conferences.

I also missed seeing and rapping with people like Judi Chamberlin (Judi has been suffering from severe low back pain which makes travelling difficult), Leonard Frank from BACAP/San Francisco, and John Parkin from MPLP in New York. Nevertheless, it was great meeting many new people and sharing some of our individual and group experiences and struggles against psychiatric power, and strengthening links with other movement activists such as Dennis Budd from Kansas, Allan Markman and Fred Masten from Project Release in New York, and Mabel White from Buffalo. Mabel is solid; she's been to every conference!

The conference got under way Friday morning when we held our first general meeting, which virtually everyone attended. After about an hour and a half of discussion, we decided which workshops to hold. They focussed on psychiatric treatment abuses (such as drugs and electroshock), advocacy, history of the movement, and women's issues (for women only), the role of non-inmates and professionals in the movement, media, and a few other topics I've forgotten. Two or three workshops were cancelled or poorly attended because of time conflicts.

In the drug workshop, many people made important contributions. David Hill (a radical graduate psychology student) pointed out the epidemic nature of psychiatric drugging with the phenothiazines (Thorazine, Moditen/Prolixin, etc.). He claimed that roughly 150 million people around the world have been given these drugs; tardive dyskinesia is one of their *direct* effects. About 45% (70 million people) who are on the phenothiazines for a few months or longer develop TD, a major indication of irreversible brain damage. Carla McKague from ON OUR OWN talked about a recent survey in Toronto (carried out by a coalition of eight health groups including ON OUR OWN) which showed that at least 25% of the ex-inmate respondents were forcibly drugged and over 75% illegally drugged in various psychiatric institutions in Ontario. Bob Harris from ALMP in Philadelphia gave us a brief historical sketch of lithium. He emphasized that psychiatric drugs have become a po-



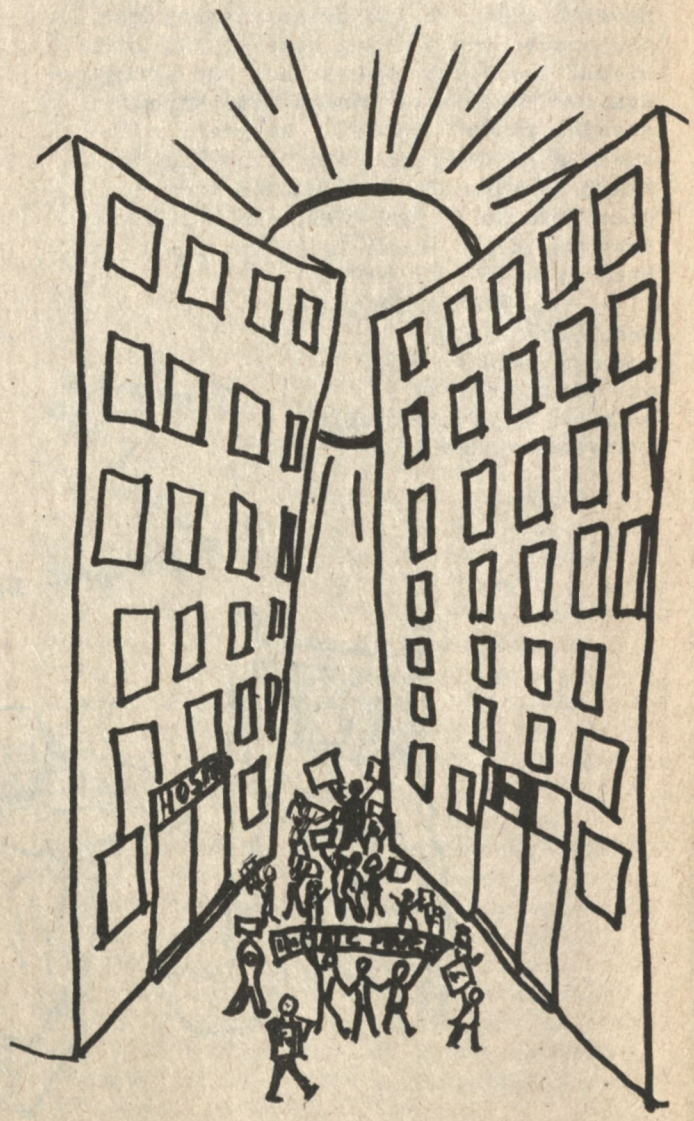
litical weapon used by mental health professionals to stifle legitimate dissent or radical change in society and *control* troublesome, non-conformist people such as "mental patients". Some of us were also treated to a powerful slide show, courtesy of BACAP, illustrating the complicity of the multinational drug companies in psychiatric drugging.

The shock workshop was a good information-sharing and consciousness-raising session which attracted ten to fifteen people. We rapped about our own shock experiences and agreed that electroshock should be immediately and totally abolished in North America, because it invariably traumatizes and damages people, causes permanent memory loss and brain damage, and interferes with people's ability to learn. The sexist nature of shock was also exposed and condemned--at least twice as many women as men get shocked, and the vast majority of shock doctors and psychiatrists are men. We got into the economic incentive to shock--shock doctors are paid $60 to $70 per treatment (which lasts only two or three minutes), and shock treatment is covered by many health insurance plans in the U.S. and Canada. The myth that shock prevents suicide was exposed (Ernest Hemingway killed himself after receiving a series of shock treatments which destroyed his memory). And we talked about the lack of legal protection against shock (except for California's restrictive legislation) and the need to develop a nationally or internationally co-ordinated campaign against shock.

The advocacy workshop's chief purpose was to give some specific suggestions for improving services provided by the Ohio Legal Rights Organization, an advocacy group set up and controlled by the state government. We often got off topic, but some useful information emerged. For example, virtually all complaints from Ohio inmates and ex-inmates are negotiated out of court, but this approach prevents making significant case law and changing mental health laws. The Ohio group has dealt with cases involving involuntary commitment, job discrimination, right to legal rights information, and right to refuse treatment. In Ohio, people can be committed initially for ninety days, then for up to two years; however, people can get a court hearing after being locked up three days. The group plans to start holding seminars and distributing its literature on a few wards of state hospitals.

There was considerable discussion about how institutional staff and administration typically block or censor distribution of rights information by ex-inmate groups. Very few inmates know their legal rights, and those who do are often afraid to fight against or sue for violations of their rights.

On Sunday night, we started planning Public Day--Monday August 24, when the press conference and public tribunal at Cleveland State University and the demonstration at Fairhill State Hospital were held. The conference elected eight



people as panelists for the press conference: Carla McKague (ON OUR OWN); Lenny Lapon (ALMP, Philadelphia); Lori Bradford (a feminist activist with *Big Mama Rag* in Denver); Jenny Collins (*Madness Network News*, San Francisco); Ellen Colum-Deacon (an ex-inmate consultant with the Ohio legal group); Fred Masten (Project Release, NYC); and Sally Zinman (Mental Patients Rights Association, Florida). About six people, including some panelists, stayed up late that night drafting a powerful press release, which Dennis Budd read out at the start of the press conference. Unfortunately, there was no serious or detailed planning of the demonstration.

The press conference was chiefly for the converted, since only five or six non-inmates from Cleveland bothered to attend. We were proud of our eight brothers and sisters, who delivered strong anti-psychiatry, consciousness-raising statements which rarely overlapped and were enthusiastically supported. A reporter from the *Cleveland Plain Dealer* stayed with us for the whole day.

Fred Masten introduced the panelists and also spoke about some of his forced drugging experiences in New York and the work of Project Release. Jenny talked about the well-known treatment abuses of institutional psychiatry, such as forced drugging and electroshock. She rightly criticized the medical model and ended with a call for more political organizing among inmates and ex-inmates.

David Hill was very articulate and forceful in condemning the phony validity of psychiatric concepts, labels and diagnoses including "schizophrenia".

Carla provided a long overdue international tone to the conference when she spoke movingly about the Canadian scene. She focussed on three events which happened during the past two and a half years in Toronto. One involved police demands for the psychiatric records of all people discharged from a local psychiatric institution after a sixteen-year-old girl had been raped and murdered. (Fortunately, the Ministry of Health refused to give police these records.) Another was the death of an immigrant woman (Jamilia Tissiwak) from kidney disease and other physical complications, after hospital psychiatrists misdiagnosed her *real* bodily complaints as "psychosomatic" (a good example of psychiatric racism and sexism). The third was the participation of ON OUR OWN in a coalition of eight health groups which has been trying for over a year to pressure the Government of Ontario into launching a public investigation into psychiatric treatment in the province.

Lori attacked sexism in institutional psychiatry, emphasized the feminist approach, and asserted that psychiatry also supports racism and classism.

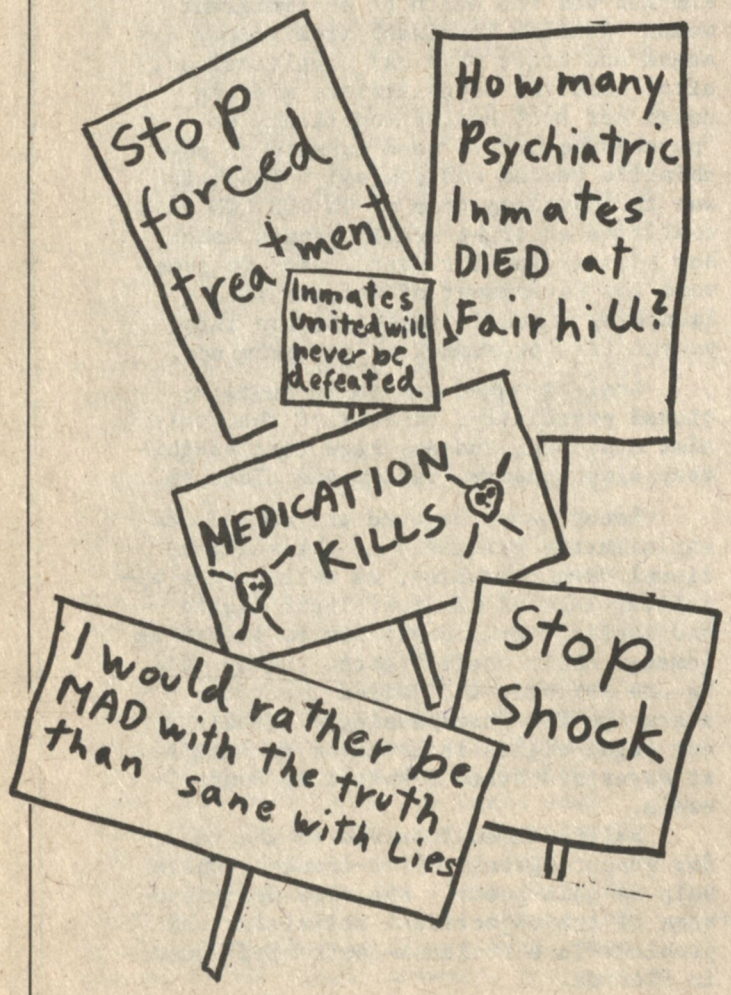
Lenny Lapon exposed the amoral and exploitative practices of the multinational drug companies, as well as the appalling lack of inmates' legal rights and institutional obstacles to informing inmates about their rights. Lenny said he was arrested and jailed about two years ago for "trespassing": handing out legal rights information to inmates at Haverford State Hospital in Pennsylvania.

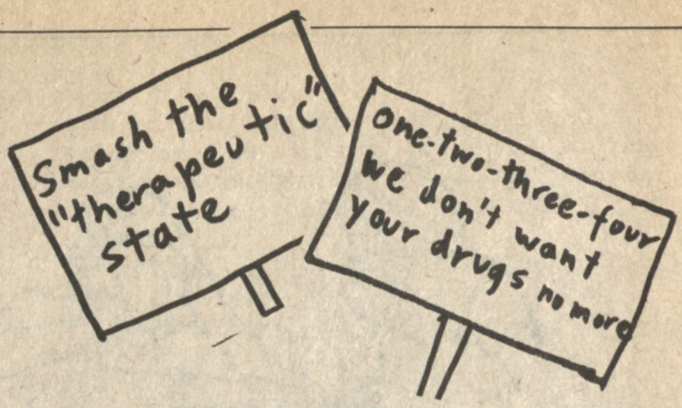
Sally Zinman focussed on the need for support groups of ex-inmates, which help us gain power. She also described some of the objectives, activities and problems in a resident-controlled house in Florida.

Ellen eloquently pointed out the excessive power of mental health professionals, and shocked us by mentioning that an Ohio politician recently proposed that "dangerous" ex-inmates wear arm bands.

Unfortunately, I missed the tribunal which immediately followed the press conference. I heard there were some powerful and moving testimonials, including one by Richard Stanley (NAPA/LA) about his childhood electroshock experiences.

We then headed for Fairhill State, the site of our "demo". Around two p.m., fifty or sixty of us assembled in front of the institution's parking lot; three or four security guards and state police (plainclothesmen) closely watched us and blocked the front doors, which we never tried to go through anyway. For the next two hours we marched slowly and peacefully back and forth, carrying signs and chanting anti-drug, antipsychiatric slogans. Some signs read:





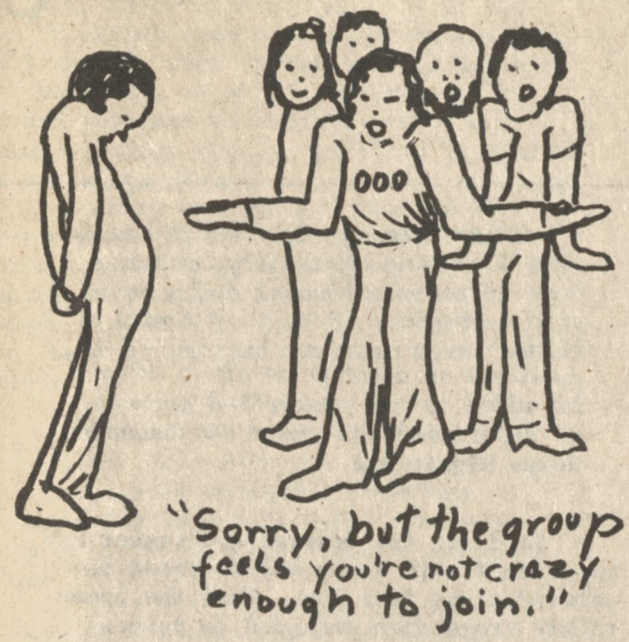
The demo's main objective was to alert the public, as well as institutional staff and administration, to the fact that Fairhill and other psychiatric institutions practise forced treatment and damage people. We were extremely peaceful, except for one incident.

George Ebert, an ex-inmate from Oswego, NY, broke away from the group and entered the hospital to visit an inmate. When we hadn't seen George for about an hour, we got worried about his safety, and then learned he had been arrested. About four o'clock, we spotted a police cruiser at a side door of Fairhill; a few minutes later George appeared and was forcibly escorted into the police car. As the police car approached the end of the driveway, a few people freaked; one person threw himself directly in front of the police car amid a lot of yelling, anger and confusion. Fortunately, the police didn't run over this person and made no other arrests. George was charged with "trespassing", "inciting a riot" and another offence. He was driven to the local cop shop and released a few hours later; the charges were dropped the next day. The demo broke up around five with a lot of us feeling uptight and discouraged.

While many people supported George, some of us resented his going off on his own into Fairhill without first checking with the group. The basic problem, I think, was that there was no careful, tactical planning of the demonstration and no firm guidelines laid down *before* the demonstration. In planning a public demonstration, it is obviously essential that everyone stay in close and constant touch and act together--no solo or hero stunts should be permitted, courageous as these may be. Individual actions only weaken group solidarity as well as the thrust of the demo. We learned a painful lesson.

On Tuesday, the last day of the conference, we got together for the final meeting. We passed two or three resolutions. First, we decided to ban all non-ex-inmate mental health professionals from future conferences, and allow other professionals or non-inmates to participate provided they represent no more than 15% of conference participants and are endorsed by ex-inmate groups. We also elected Jenny Collins and Bob Harris, with Fred Masten as an alternate, to be conference reps at an international conference on alternatives to psychiatry held in Mexico this fall. Finally, we agreed to hold next year's conference in Toronto with ON OUR OWN serving as the host organizing group. We also warmly thanked Christine Beck for doing so much work, but a lot of us felt that not enough people had helped Christine organizing the many necessary day-to-day details.

Look for more information on the Tenth Annual International Conference on Human Rights and Psychiatric Oppression in our next two issues. ON TO TORONTO IN '82!



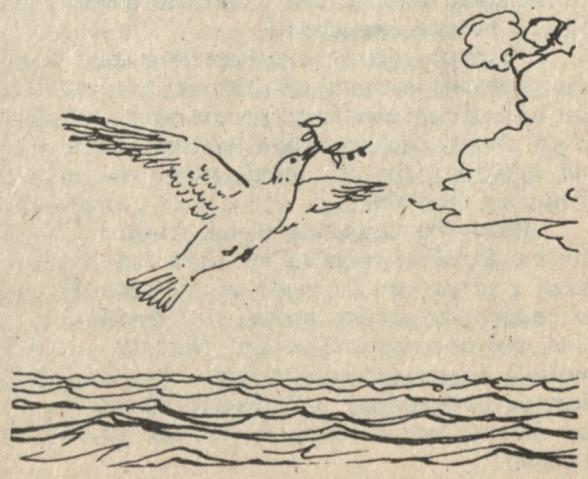
Cuernavaca conference

(based on a report by *Leonard Roy Frank*, BACAP)

More than 600 people, mostly radical mental health professionals, from Brazil, Cuba, Colombia, Chile, Mexico, El Salvador, the United States, Spain, France, West Germany, Italy, Holland and other countries attended the First Latin American and Fifth International Encounter of the Network of Alternatives to Psychiatry, held in Cuernavaca, Mexico from October 2 to 6, 1981. Fred Masten, of Project Release in New York, represented the Ninth International Conference on Human Rights and Psychiatric Oppression.

Some of the important themes of the conference were:

--the increasing "medicalization" of social problems;
--the vulnerability of the economically dependent to the psychiatric system;
--the need to educate the public about the dangerous (often fatal) effects of many psychiatric techniques (drugs, electroshock and psychosurgery);
--the correlation between the repressiveness of a government and the degree of its use of psychiatry as an instrument of social control;
--the need to encourage small, self-affirming, mutual-support groups as an alternative to the psychiatric system;
--the need for co-operation among groups fighting against psychiatric oppression and for alternatives to psychiatry, and among these groups and other organizations working for a free and just society.



commentary

THE INTERNATIONAL YEAR OF DISABLED PERSONS-- WHAT HAS IT ACCOMPLISHED?

by *Harry Beatty*

As 1981 draws to a close, it is worthwhile to reflect on the significance of the designation of this year as The International Year of Disabled Persons. There is little doubt that this year has done much to focus the attention of the public on the problems faced by Canadian citizens who are handicapped. We have seen a multitude of public education campaigns. There have been worthwhile conferences and publications. And there have been many exciting pilot projects. Yet one can question whether 1981 has really seen the kind of commitment and planning that will ensure the full integration and acceptance of handicapped citizens into Canadian society.

The work of the House of Commons Special Committee on the Disabled and the Handicapped is perhaps the best illustration, both of the accomplishments of the International Year and of how much remains to be done. In October 1980, the Committee released its first report, which identified as a key area for immediate action the field of human rights. It recommended:

> *That physical handicap be made a proscribed ground of discrimination for all discriminatory practices listed in the* Canadian Human Rights Act, *and not just for discriminatory employment practices.*
>
> *That the* Canadian Human Rights Act *be further amended so that Tribunal orders can be made with respect to access to goods, services, facilities and accommodation and that it include a qualification that the changes ordered by a Tribunal should not impose undue hardship on the respondent.*
>
> *That persons with mental handicaps (learning disability, retardation or mental illness) and persons with a previous history of mental illness or a previous history of dependence on alcohol or other drugs be added to the proscribed grounds of discrimination under the* Canadian Human Rights Act.

To date, the federal government has not seen fit to enact any of these recommendations into law. Thus the human rights protection extended to persons with handicaps is still extremely restricted. It is of particular concern that persons with mental handicaps are still entirely excluded from any human rights protection at all with regard to matters within the federal jurisdiction, despite repeated promises by the federal government that this would be accomplished. This is an intolerable situation. The *Canadian Human Rights Act*, which is supposed to protect Canadian citizens against discrimination, in fact is in itself discriminatory. It is necessary for all of us to question why this recommendation, which was given priority by the Smith Committee, has not been acted upon.

It may be noted that in Ontario, Bill 7, which has received second reading in the Legislature, does contain a wide definition of handicap which will protect from discrimination all persons with handicaps, regardless of the form handicap takes. One must be encouraged to see the support given by all three parties to this inclusion of all persons with handicaps. Still, the bill has not yet received final approval in the Legislature, and it is to be hoped that there will be no further delay and that the amendments will be passed and proclaimed in force by the end of 1981. It is worth noting that all groups representing hand-

icapped persons, and expecially those representing persons with physical handicaps, actively supported the inclusion of persons with mental handicaps in the *Ontario Human Rights Code*. It is also worth noting that in some presentations, for example that of the Ontario Chamber of Commerce, we still, unfortunately, found remnants of ancient prejudices against those who are labelled as having a mental handicap.

Looking once more at the recommendations of the Special Committee on the Disabled and the Handicapped, it must be noted that other provisions relating to human rights and civil liberties have not been acted upon either. These include:

That the Federal Government direct the Department of Justice to consult with medical authorities to develop appropriate legal terminology relating to mental disability for use in legislation.

That the Federal Government, through the Department of Justice, and in consultation with provincial health authorities, reform the Criminal Code *provisions relating to mentally disabled persons, in order to:*

- *Develop and implement a new procedure to replace the Lieutenant-Governor's Warrant, and provide special facilities and treatment of the mentally disabled who are sentenced by the courts;*
- *Define the rights before the law of mentally retarded and mentally ill persons;*
- *Establish fair and appropriate procedures for all stages of the criminal process when mentally disabled accused are involved; that is, arrest, bail, fitness to stand trial, the finding of criminal responsibility, and disposition.*

That, pending the replacement of the present legal system of Lieutenant-Governor,s Warrants, the Federal Government request the Minister of Justice to meet with provincial authorities in order to review the operation of the warrants, with particular reference to:

- *The functioning of review boards, particularly where cases of mentally retarded persons are being considered;*
- *The individual cases of persons presently being held in indefinite detention under Lieutenant-Governor's Warrants.*

That the Federal Government encourage the provinces to review their mental health acts at regular intervals with input from the public in order to reflect current thinking regarding rights of and treatment for mentally/emotionally disabled persons.

These are good recommendations. As they relate to fundamental rights and liberties issued, they should be given priority. It is worth questioning why the federal government has chosen not to do so.

A similar comment can be made with regard to many of the other important areas in which the Smith Committee made representation: employment, income, housing, independent living, education, and consumer involvement. One has to be impressed by the scope of the recommendations, and their validity in terms of the fair and accurate perception of the problems faced by handicapped Canadian citizens. But these recommendations have not been adopted as policy by the federal government. Furthermore, rather than allocating the kinds of funds which would see that these recommendations become a reality, the federal government has, in fact, announced substantial cutbacks in those funding areas which would make these recommendations a reality.

While some may quarrel with details, most disabled persons and their advocates would agree that in the Smith Committee Report we have a blueprint for plans which would integrate people with handicaps into our society in the 1980s. We should call on Canadian governments, both federal and provincial, to make a full commitment to this blueprint, and to implement it in conjunction with disabled consumers, and their friends and advocates. The accomplishments of the International Year of Disabled Persons, and the beginnings made on solutions to problems which have faced handicapped persons for a long time, should not be abandoned at the end of the year. Let us all work together to make the promise of 1981 a reality.

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