

“Those people known as mental patients...”: Professional and Patient Engagement in Community Mental Health in Vancouver, BC in the 1970s¹

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In Vancouver, B.C., in the 1970s, the introduction of community mental health teams was part of a complex transformation of mental health services towards community mental health care. This paper examines the experiences of professionals and patients involved in this change first hand. Using oral history and written documentation, the paper analyzes the perspectives of a psychiatrist who had a leading role in the establishment of new community mental health teams in Vancouver and of several members of the Mental Patient's Association (MPA), a local grassroots organization which engaged in the establishment of new community-based mental health services. Our study reveals that the categories of service provider and service user in fact overlapped and were constructed in relation to each other, transforming and redefining notions of care and expertise. As such the oral histories provide a unique focus on the way professionals and service users engaged with new forms of community mental health work, thus interrupting established perceptions of both the practitioner and the patient in mental health.

Setting up community mental health teams and services was a pioneering undertaking in Vancouver, B.C. in the early 1970s. “Nobody could tell us how to do it,” asserted psychiatrist Hugh Parfitt in a 2010 interview when he reflected on his work establishing an innovative, multi-disciplinary community mental health team in Vancouver’s Kitsilano neighbourhood, one of nine Greater Vancouver Mental Health Services (GVMHS) teams in existence across Vancouver and Richmond by 1974.² Established to meet the need for new community services, these teams, typically existing of psychiatrists, social workers, nurses, mental health workers and staff, worked most often in offices established in former neighbourhood homes or shop fronts close to public

¹ This research has been supported by the Canadian Institute for Health Research (CIHR) [Open Doors/Closed Ranks standard research grant and in kind support of the Centre for the Study of Gender, Social Inequities and Mental Health] and the Vancouver Foundation [Community Connections project]. We thank all the people who have participated in generously giving their comments, sharing their memories and giving their time and knowledge in the oral history interviews. Thanks also to the reviewers for their generous comments.

² Interview with Hugh Parfitt by Megan Davies, June 2010. Oral history interviews were part of a multidisciplinary research project on the history of deinstitutionalization, Open Doors/Closed Ranks (2007-2013), spearheaded by Erika Dyck and Megan Davies. Marina Morrow and Geertje Boschma were part of the co-investigators team. The interviews with several former MPA members and two psychiatrists who had worked with the MPA were conducted in 2010 and 2011. For the purpose of this article one interviewee was interviewed again in 2013. Ethical approval was obtained from the relevant research ethics boards. The interviews are currently held by the research team and will become available on www.historyofmadness.ca.

transit routes. Beyond medical treatment they also began to offer drop-in services, free coffee, and opportunities for building basic life skills as well as an after-hours emergency service and a suicide prevention program.³

Somewhat unorthodox, GVMHS teams worked with newly emerging community groups of activists, patients and their allies such as Coast Foundation and the radical Kitsilano-based Mental Patient's Association (MPA) who also responded to the lack of services and support for people living with mental illness no longer hospitalized in large mental hospitals.⁴ Initiated in 1971 by ex-patients and allies as a radical grassroots response to gaps in early community mental health, the MPA inverted traditional mental health hierarchies by putting former patients and sympathetic allies in charge of a new and innovative peer-led community. Frontline mental health professionals and health bureaucrats like Parfitt, therefore, were not the only ones developing new understandings and programs of community mental health in the western city. The core question addressed in this paper is twofold: First, we explore how professionals of the newly emerging community mental health teams interacted with service users and activists, such as the MPA members. Second, we examine the way the practices and professional identities of both parties were shaped by this interaction and activism. Former MPA members' and Parfitt's recollection of the establishment of the Kitsilano community mental health team serves as a window to explore the larger social change of patient influence on mental health services. In this process, we argue, new professional and patient identities were formed. People using the emerging government-funded community mental health system also became active in reshaping mental health services and indeed, also developed their own.⁵

The early founders of the organization wanted MPA to function as a politically engaged entity, pushing for patient rights and better mental health services.⁶ MPA members Fran Phillips, Jackie Hooper, and Dave Beamish were three such individuals. In the 1970s, they asserted their voice as critics and activists within the emerging mental health service network of the GVMHS. They negotiated their new roles, not only as people who used community mental health services or as allies of service users, but also as (paid) workers in new mental health work. We argue that the categories of service provider and service user in fact overlapped and were constructed in relation to each other. Although they came from very different locations of power, both practitioners and patients challenged and redefined the understanding of mental health work in an

³ Interview with Parfitt; Greater Vancouver Mental Health Service (GVMHS), *A Model of An Urban Community Mental Health Service* (Ottawa: Mental Health Division of Health and Welfare Canada, 1982).

⁴ The terms used to describe people diagnosed with mental illness and who have been in psychiatric hospitals or utilized mental health services vary, are highly political and often contested. Bonnie Burstow, "A Rose By Any Other Name," in: J Brenda LeFrançois, Robert Menzies, Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies*, 79-90 (Toronto: Canadian Scholars' Press, 2013); Nancy Tomes, "The Patient as a Policy Factor: A Historical Case Study of the Consumer/Survivor Movement in Mental Health," *Health Affairs*, 25 (2006): 720-9. In this paper we have generally used the terms that our interviewees used to describe themselves and as consistent with the terms generally used in the time period under study: "patient" or "ex-patient." We also used "service users."

⁵ Erika Dyck, "Dismantling the Asylum and Charting New Pathways into the Community: Mental Health Care in Twentieth Century Canada," *Histoire Sociale/Social History* 44, no. 88 (2011): 181-96.

⁶ Vancouver Mental Patient's Association Society (MPA), *Head on: Into the eighties* (Vancouver: Carolina Publications, 1983).

era marked by a rapidly changing mental health system, fierce anti-psychiatry critiques, and a rising patient rights movement.⁷ People who used mental health services sought greater autonomy, self-determination and control, whereas professionals involved with the new mental health teams renegotiated the shape of community support, actively seeking local input and sometimes shifting their perspective on what mental health patients needed. As such, this paper interrupts established perceptions of both the practitioner and the patient in mental health.

Exploring the roles, attitudes, and identities of the women and men who helped shape these two Vancouver outposts of early community mental health, i.e. the Kitsilano mental health team and the MPA, allows for a unique perspective on the way community mental health was constructed in the first decade of deinstitutionalization. Historiography on deinstitutionalization in twentieth century Canada is only beginning to emerge.⁸ Most work on the history of community mental health to date has focused on the earlier influence and transformation of the mental hygiene movement which arose in the 1920s and 1930s as middle-class and racist concerns over immigration and alleged degeneration of the population gripped the public imagination.⁹ Eugenic ideas and policies strongly influenced this movement.¹⁰ Only recently has the analysis of the process of deinstitutionalization in Canadian mental health received more explicit attention from historians, although scholars from other disciplines have explored this topic.¹¹ In this work, patients' perspectives, specifically their critique of the emerging community mental health system and their involvement in transforming the system, are underexplored.¹²

⁷ Irit Shimrat, *Call Me Crazy: Stories from the Mad Movement* (Vancouver: Press Gang Publishers, 1997); LeFrançois, Menzies and Reaume, eds., *Mad Matters*.

⁸ Dyck, "Dismantling the Asylum"; LeFrançois, Menzies and Reaume, eds., *Mad Matters*; James E. Moran and David Wright, eds., *Mental Health and Canadian Society: Historical Perspectives* (Montreal: McGill-Queen's University Press, 2006); Caroline Knowles, *Bedlam on the Streets* (London: Routledge, 2000).

⁹ Judith Fingard and John Rutherford, *Protect, Befriend, Respect: Nova Scotia's Mental Health Movement, 1908-2008* (Halifax: Fernwood Publishing, 2008); Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: McClelland and Stewart, 1990).

¹⁰ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization and the Politics of Choice* (Toronto: University of Toronto Press, 2013).

¹¹ Chris Dooley, "The End of the Asylum (Town): Community Responses to the Depopulation and Closure of the Saskatchewan Hospital, Weyburn," *Histoire Sociale/Social History* 44, no. 88 (2011): 331-54; Gregory P. Marchildon, "House Divided: Deinstitutionalization, Medicare and the Canadian Mental Health Association in Saskatchewan, 1944-1964," *Histoire Sociale/Social History* 44, no. 88 (2011): 305-29; Catherine Duprey, "La révolution psychiatrique au Québec, 1950-1962: De l'Asile à la Psychiatrie Communautaire et l'Open-door," *Histoire Sociale/Social History* 44, no. 88 (2011): 355-83; Geertje Boschma, "Deinstitutionalization Reconsidered: Geographic and Demographic Changes in Mental Health Care in British Columbia and Alberta, 1950-1980," *Histoire Sociale/Social History* 44, no. 88 (2011): 223-56; Lupin Battersby and Marina Morrow, "Challenges in Implementing Recovery-based Mental Health Care Practices in Psychiatric Tertiary Care Settings in British Columbia," *Canadian Journal for Community Mental Health*, 31, no. 2 (2012): 103-17; Marina Morrow and Brenda Jamer, "Making Meaning in a 'Post-institutional' Age: Reflections on the Experience of (De)institutionalization," *International Journal of Psychosocial Rehabilitation*, 12, no. 2 (2008); Marina Morrow, Ann Pederson, Jules Smith, Lupin Battersby, Viviane Josewski, and Brenda Jamer, *Relocating Mental Health Care in British Columbia: Riverview Hospital Redevelopment, Regionalization and Gender in Psychiatric and Social Care* (Vancouver: Centre for the Study of Gender, Social Inequities and Mental Health, 2010).

¹² Lanny Beckman and Megan Davies, "Democracy is a very radical idea," in LeFrançois, Menzies, and Reaume, eds., *Mad Matters*, 49-63; Barbara Everett, *A fragile revolution: Consumers and psychiatric survivors confront the*

Moreover, the role of health practitioners has received limited analysis.¹³ Oral history provides a rich opportunity to shape our collective memory about this important social transformation.

By means of biographical and micro-historical analysis of the experiences of this select group of Kitsilano professionals and patients involved in community mental health, we investigate the ways these people identified with new community care and services, and reshaped the meaning of mental health work. The interviews on which this work is based were part of a study of the MPA during its first decade of existence, filling a gap posed by a lack of institutional records. Interviewees commented in rich and informative ways on the transformation of community mental health work and their involvement in it, allowing us to examine changes in mental health care from a critical and “bottom-up” perspective.¹⁴ Interviews were complemented with written documentation from the two organizations, community meeting minutes, the MPA newsletter “In a Nutshell,” which appeared from 1971 onwards initially monthly and later bi-monthly, and other archival material and published documents.¹⁵ The newsletter reflected contemporary grassroots and “inside” views of the MPA community, including their stand on political and social developments in mental health. This core communication tool by and for MPA members also reached a larger constituency that included progressive professionals like Parfitt.

Closely related to narrative analysis, the kind of micro-history which we develop in this paper allows a critical understanding of past events from the perspective of people who experienced them and unravels the social and cultural meaning embedded in the stories.¹⁶ In telling their story, people enact a social script that is historically situated. Stories are never mere reiterations of what actually happened, but are already interpreted memories, the meaning of which needs to be explained.¹⁷ As such, this analysis reveals how the interviewees remembered in 2010 the historical changes they were part of in the 1970s, and how they also helped shape them, revealing the broader cultural understanding of the way patient and professional activism contributed to new constructions of community mental health work.

In the next section of the paper we provide background on the shift to community mental health care and the context for change. We set Vancouver’s local mental health scene in its historical context. Thereafter, we examine the biographies of the four individuals on which we

power of the mental health system (Waterloo: Wilfrid Laurier University Press, 2000); Shimrat, *Call Me Crazy*.

¹³ Chris Dooley, “‘The Older Staff, Myself Included, We Were Pretty Institutionalized Ourselves’: Authority and Insight in Practitioner Narratives of Psychiatric Deinstitutionalization in Prairie Canada,” *Canadian Bulletin of Medical History* 29, no.1 (2012): 101-24; Geertje Boschma, “Community Mental Health Nursing in Alberta, Canada: An Oral History,” *Nursing History Review*, 20 (2012): 103-35.

¹⁴ Daniel Kerr, “We Know Already What the Problem Is”: Using Oral History to Develop a Collaborative Analysis of Homelessness From the Bottom Up,” *The Oral History Review*, 30, no. 1 (2003): 27-45; Robert Perks and Alistair Thomson (eds.), *The Oral History Reader*, 2nd ed. (London: Routledge, 2006).

¹⁵ *In a Nutshell*, Vancouver Mental Patients Association, 1971-1983. Serial, MPA newsletter. Vancouver Public Library (Date range 1977-1983). Issues from 1971-1976 were obtained from founding members and the current MPA (Motivation, Power and Achievement) in Vancouver, which is renamed from the original MPA.

¹⁶ Lynn Abrams, *Oral History Theory* (London: Routledge, 2010), 106-29; Giovanni Levi, “On Microhistory,” in Peter Burke, ed., *New Perspectives on Historical Writing* (Oxford, UK: Polity Press and Blackwell, 2001), 97-119.

¹⁷ Geertje Boschma, Margaret Scaia, Nerrisa Bonifacio and Erica Roberts, “Oral History Research,” in Sandra Lewenson and Eleanor Krohn-Herrmann (eds), *Capturing Nursing History: A Guide to Historical Methods in Research* (New York: Springer, 2008), 79-98.

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focus to depict the performance of community mental health work in the 1970s against the backdrop of local organizations. In the third section we explore the way professional and consumer expertise and identity were negotiated and present key examples of new community practice experiments that illustrate the innovative and critical new ventures of community work as professional *and* patient driven endeavours that in reality redefined care *and* expertise in community mental health.

Setting the context for change: shifting policies and reorganization of mental health

As of the 1960s, the shift towards community-based care transformed mental health services. This time period is commonly referred to as an era of deinstitutionalization - a move away from a trend of hospitalizing people with mental illness in large institutions, often for long periods of time, which, as a result disengaged them from their communities of origin.¹⁸ The view that it was better for people living with mental illness to remain connected to their families and communities of origin gained momentum.¹⁹ In many locations, however, discharged patients found very limited support and grassroots initiatives emerged aimed at creating supportive and enabling communities.²⁰

Vancouver fits this broader pattern. Essondale (renamed Riverview in 1965), BC's main mental hospital, began to re-orientate its services as early as 1951, with a push toward short-stay, out-patient care and rehabilitation within a few months of hospitalization. New psychotropic medications were introduced for patient use at Essondale three years later. The first community mental health centre in the province opened in Burnaby in 1957, offering out-patient treatment with the goal of "preventing their admission to a mental hospital," a social club run by community volunteers of the Canadian Mental Health Association (CMHA), and after-care for patients who had been hospitalized.²¹ In 1965, the government set up a fledgling boarding home program, aiming to expand this service across the province and decrease institutional beds.²² Buttressed by post-war federal cost-sharing arrangements, BC also established psychiatric wards in general hospitals including the Vancouver General Hospital and the University of British Columbia Hospital.²³

Part of this larger restructuring of Vancouver's mental health services, community mental health teams were part of John Cumming's comprehensive 1972 "Vancouver Plan," commissioned by the BC Mental Health Branch under the Social Credit government, but implemented by NDP Minister of Health Dennis Cocke.²⁴ Vancouver's Kitsilano neighbourhood

¹⁸ Dyck, "Dismantling the Asylum."

¹⁹ F. G. Tucker, "Mental Health Services in British Columbia," *Canada's Mental Health*, 19, no. 6 (1971): 7-12.

²⁰ Boschma, "Deinstitutionalization Reconsidered."

²¹ Annual Reports (1956-7), Provincial Mental Health Services, British Columbia, 1950-1967 and the Provincial Mental Health Branch, BC, 1967-1974 (hereafter cited as Annual Report, BCPMH), 229.

²² Annual Report BCPHM (1965).

²³ Annual Report BCPHM (1974), 17-19.

²⁴ John Cumming, *Plan for Vancouver* (n.p., 1972); Kathleen Kendall, "From Closed Ranks to Open Doors: Elaine and John Cumming's Mental Health Education Experiment in 1950s' Saskatchewan," *Histoire Social/Social History*, vol. 44, no. 88 (2011): 257-86.

was one of nine Vancouver communities targeted in the new plan and if the Kits unit was typical of the GVMHS teams, then young, freshly-trained professionals with progressive ideas were the norm in the new service.²⁵ Funding for the GVMHS came from the provincial mental health services branch and Vancouver Metropolitan Health Service, but it was purposefully set up as a separate society to set it free from the “old-fashioned” ideas and practices to allow it to work in close collaboration with local community members and organizations.²⁶ This democratic approach seemed a good fit with the left-oriented political spirit of the newly-elected New Democratic Party.

Cumming’s proposed plan was a late governmental response to a nagging problem generated by deinstitutionalization: while decreasing the numbers of patients in large mental hospitals had become policy, community services to provide support to discharged patients were limited or non-existent. In Vancouver, as was the case elsewhere in Canada, an increasing number of patients leaving large mental hospitals or new general hospital psychiatric wards had nowhere to go for support. The demography of patient admissions at Riverview, for example shows an emerging pattern of multiple readmissions as of the 1950s, in large part because community support was lacking.²⁷ While the total number of patients hospitalized at Riverview at year’s end decreased from about 4500 in 1951 to about 2600 in 1968, the total number of new admissions per year increased during that same period from nearly 2200 in 1951 to over 3800 in 1971 while the annual number of discharges also increased. Only as of the latter year did the total number of admissions per year begin to decrease, in part because governmental planning for community services began to take effect.²⁸ But outside the orbit of the new local mental health centres, supportive communities for ex-patients, including housing and meaningful activity and employment, simply did not exist.

The MPA took action to fill this void, being closely connected to other progressive Vancouver organizations of the late 1960s and early 1970s like the radical local newspaper *The Georgia Straight*, Greenpeace, and the left-wing printing collective Press Gang, which established themselves in the city’s Kitsilano neighbourhood, renowned as a centre of youth, leftist and countercultural activity.²⁹ MPA members took a critical stance towards the establishment of the new community mental health teams. However, their participation in community hearings for the Kitsilano team reflected a new wave of community engagement in mental health characteristic of the broader political climate of the 1970s.³⁰ Countercultural critique, if not revolt, against established hegemonic power relationships emerged in a wide range of social institutions - families, schools, universities, but also health care. New social movements fought for more freedom, equality and civic rights. The professionals of the newly emerging

²⁵ Personal conversations with Hugh Parfitt and social worker Marsha Ablowitz by Megan Davies, 22 June 2014.

²⁶ J.D., “Greater Vancouver Mental Health Project: Progress Report,” 21 January 1974, Parfitt Papers.

²⁷ Boschma, “Deinstitutionalization Reconsidered”; Duprey, “La révolution psychiatrique au Québec, 1950–1962”; Marchildon, “House Divided.”

²⁸ Boschma, “Deinstitutionalization Reconsidered,” 36-9.

²⁹ Lawrence Aronsen, *City of Love & Revolution: Vancouver in the Sixties* (Vancouver: New Star Books, 2010); Daniel Ross, “Panic on Love Street: Citizens and Local Government Respond to Vancouver’s Hippie Problem, 1967-8,” *BC Studies*, no. 180 (Winter 2013/14): 11-41.

³⁰ Ross, “Panic on Love Street.”

Kitsilano community mental health team were not immune to this critique. As our analysis will show, they were influenced by and took example from the way MPA members enacted community.

Both MPA and mental health team staff members like Parfitt were aware of American and British critical, activist anti-psychiatric writings on institutional care and mental hospitals, including *The Myth of Mental Illness* by Thomas Szasz, *Asylums* by Erving Goffman, and the work of the charismatic and controversial British psychiatrist R.D. Laing and his Kingsley Hall community in London.³¹ Book reviews of key texts by these individuals and discussion pieces regarding their ideas routinely appeared in the *Nutshell* pages during the period.³² Ken Kesey's 1962 novel, *One Flew over the Cuckoo's Nest*, was performed as a play by MPA members several years before it became an influential film.³³ The medical model was under attack in psychiatry, and right on Parfitt's professional doorstep.

In this area of change and new ideas, professional and patient identities, as well as roles and relationships in the burgeoning field of community mental health, were similarly complex, fluid, and socially constructed.³⁴ Professional as well as consumer identity formation drew from a range of cultural resources, knowledge systems, and life experiences. There was space for innovation, from above by professionals and from below by system users. The women and men whose biographies form the core of this paper all had a vested interest in making supportive communities work, but also experienced firsthand both the opportunities and the tensions involved in this process. A careful consideration of their stories and biographies, drawn from a range of sources, provides a better understanding of the way people's professional and patient identities intersected, changed, and developed in relation to each other in the construction of new community mental health work. Our analysis suggests that no one group held the exclusive prerogative over professional or occupational authority, although existing power dynamics were certainly reproduced as much as they were challenged. In the next section we further interrogate

³¹ Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper Collins, 1974); Ervin Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Doubleday, 1961); Ronald D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (Baltimore: Penguin Books, 1969).

³² Articles presenting ideas critical of institutional psychiatry routinely appeared in *In a Nutshell*. MPA founder Lanny Beckman references sociologist Erving Goffman in discussing power at MPA: Lanny Beckman, "Nobody Ever Said This Was Going to be Easy," *In A Nutshell*, no. 7, (23 September 1971). Quotes from Thomas Szasz's *Law, Liberty and Psychiatry* were "sprinkled throughout"; see for example, *In A Nutshell*, no. 9, (7 December 1971). R.D. Laing ideas were presented in *In A Nutshell*, no 11, (7 February 1972); no. 12, (20 March 1972); and vol 2, no. 4, (June-July 1973).

³³ Ken Kesey, *One Flew over the Cuckoo's Nest* (New York: Viking Press, 1962). For reference to the MPA production, see Patty Servant, "One Flew East, One Flew West, One Flew Over the Cuckoo's Nest," *In A Nutshell*, 2, no. 6 (September 1973): 2.

³⁴ Beatrice Hoffman, Nancy Tomes, Rachel Grob, and Mark Schlesinger, eds., *Patients as Policy Actors* (New Jersey: Rutgers, 2011), 113-31; Geoffrey Reaume, "Lunatic to Patient to Person: Nomenclature in Psychiatric History and the Influence of Patients' Activism in North America," *International Journal of Law and Psychiatry*, 25, no. 4 (2002): 405-26; Patricia D'Antonio, *American Nursing: A History of Knowledge, Authority and the Meaning of Work* (Baltimore: John Hopkins, 2010); Kristina Huneault and Janice Anderson, *Rethinking Professionalism: Women and Art in Canada, 1850-1970* (Montreal & Kingston: McGill-Queen, 2012).

the way professionals and former patients negotiated new demands for work and community in mental health.

Community mental health biographies - Individuals and organizations

Trained in his native England and at the Douglas Hospital in Montreal, Parfitt was inspired by the intent of the Vancouver Plan and, in 1973, became the first director of the Kitsilano mental health team. When the Kitsilano team began to “feel their way” into the community, as Parfitt put it, “it was a very new and exciting experience.” Parfitt expressed excitement about the way the team was challenged to come up with new approaches in response to community input, to the broader political and cultural changes, and to a new “bottom-up” push for democracy. While the 2010 oral history interview was not conducted to solicit views on professional identity but rather to learn Parfitt’s memories of the MPA, his account still allows analysis of the way professionals and patients negotiated new understandings of expertise, mental health work, and identity. Parfitt moved to Vancouver in 1967 and worked in acute psychiatry in the university hospital for several years before going into private practice. After a while, however, this typical career did not satisfy him: “I found [private practice] a bit isolating... and I heard about the community psychiatric unit being developed. And as I said, I was, I think, I met Dr. Cumming, I had an informal interview with him and he convinced me that this would be a good thing for me to get involved in.”³⁵

Following his meeting with Cumming, Parfitt was ready to join Vancouver’s new community mental health initiative. He spent a few introductory months working with the pioneering Strathcona team, established adjacent to Vancouver’s Chinatown and what would become known as the Downtown East Side, and then he served a short stint at the West-End team, also “just getting off the ground,” Parfitt recalled. Then he moved to Kitsilano, which “had a reputation of being a hippie hang-out so to speak,” Parfitt noted; “there were a lot of young [people] living there, a fair amount of substance use but more at the marijuana end of the spectrum... a fair number of transient people, young people coming in for the summer... [and] there were a lot of people living in Kits who had been there for a long time, we had the whole spectrum.” Once appointed to set-up the Kitsilano team, and seeking community input in the planning of the new service, he soon crossed paths with the MPA.

Vancouver’s MPA was Canada’s first grassroots ex-patient initiative in establishing a supportive community, grounded in principles of self-help and democratic self-organization. This pioneering patient-led organization was instigated by ex-patient Lanny Beckman, who helped form the group in 1971.³⁶ Discharged from the psychiatric ward of the Vancouver General Hospital, Beckman, a PhD student, had lost faith in organized mental health services while at the day-program in the nearby Burnaby mental health clinic. Following the suicides of two fellow patients, both of which happened on weekends when no staff were available, the group decided to rely on each other for support. “Clearly, there is a need for mental patients to begin organizing. For a long time now I’ve thought about doing something about it, getting together with other

³⁵ Interview with Parfitt.

³⁶ Vancouver Mental Patient’s Association (MPA), *Head on: Into the eighties*.

patients, making our grievances known,” Beckman wrote in a December 1970 *Georgia Straight* article.³⁷ Inspired by frameworks from the gay rights, civil rights, feminist and American student movements, and by campaigns for patient rights taking place elsewhere, Beckman and his fellow patients broadened this new-found support into an innovative type of peer-support group who also took political action.³⁸ They set up their own drop-in centre and meeting place, driven by principles of friendship and support rather than professional or therapeutic ideologies. Significantly, not all MPA members identified as patients, some joined the organization as allies working side-by-side with ex-patients.³⁹

Financed by donations at first, the project was soon supported by (federal) governmental funding, amply available in the early 1970s. The federal Local Initiative Projects (LIP-grants) and Local Employment Assistance Program (LEAP-grants) provided the MPA members with opportunities to apply for funds to employ members in steady jobs.⁴⁰ The Canadian Mortgage and Housing Corporation guaranteed start-up funds for housing. Soon, the MPA ran several communal houses, offering housing, work, support, and activities organized by and for mental patients themselves *in* the community. Although MPA houses were soon set up in East Vancouver, the Kitsilano neighbourhood remained the nexus for the organization for its first decade.⁴¹

Patient and professional identities often overlapped among MPA members, as the experience of Jackie Hooper illustrates.⁴² During the course of her involvement with MPA she was a consumer, activist, advocate, but also a contributor (and editor) to *In a Nutshell*, MPA office coordinator, a liaison with the provincial government, and housing expert. Born in 1927, Hooper was a middle-aged mother of two and divorced from her husband when she joined MPA. She held bachelor degrees in library science and economics from the University of British Columbia (UBC), and was head librarian with the Greater Vancouver Regional District Planning Department for nearly a decade. In addition, she was an accomplished landscape and portrait artist and writer.⁴³ Around 1970, however, her life spun out of control: “after a colleague [at work] stabbed me in the back by spreading lies about me, having to go through a divorce, my kid got delinquent – I crashed. I was hospitalized [at the psychiatric department] at UBC,” she

³⁷ Lanny Beckman, “On the Mentally Oppressed: A Personal Story,” *Georgia Straight* (29 December 1970 - 6 January 1971): 15.

³⁸ “The Inmates Are Running the Asylum: Stories from the MPA [Mental Patient Association],” a documentary about the group that transformed Canada's psychiatric landscape. DVD, 36 minutes, created by the MPA founders’ collective. Producer: Megan Davies, Co-Producer: Marina Morrow, Associate Co-Producer: Geertje Boschma (History of Madness Productions 2013), historyofmadness.ca/the-inmates-are-running-the-asylum.

³⁹ See previous note. MPA’s first housing coordinator Avi Dolgin was a politically engaged ally. Other early allies who worked in MPA were Eve Hamilton, Barry Coull, Geoff McMurchy, and Arthur Giovinazzo.

⁴⁰ This funding was severely cut in the mid-seventies. Chamberlain, *On Our Own*, 188; Conference proceedings, Conference of the Role of Riverview Hospital, 17-18 May 1976, section Panel on Volunteer Groups - Speaker Gordon McCann, Mental Patients Association. Document collection, Riverview Hospital Historical Society.

⁴¹ Chamberlain, *On Our Own*.

⁴² Interview with Jackie Hooper by Megan Davies, June 2010. Follow-up interviews took place in February and November 2013 by Geertje Boschma.

⁴³ Hooper held her first solo exhibit of paintings in 1972 in Kitimat under the name of Jacqueline Hugo. She also wrote for magazines and newspapers in BC and published collections of short stories in 2006 and 2007. See Jacqueline Hooper, *Big Ken* (Vancouver: JYT Graphics, 2007).

shared. Hooper was in hospital “at least fifteen times.” MPA had just started, she recalled, when “I was at [UBC psychiatric department’s] Ward 1 West, depressed, and did not know what to do or where to go.”⁴⁴ Lacking direction, and about to be discharged, she had talked to other patients and “they said go to MPA.” Hooper spoke favourably about hospital staff, but felt lost when she had to leave. “The MPA saved my life; I was very suicidal for years.”

Dave Beamish, was another early MPA member, joining the group in 1972.⁴⁵ Born in Toronto in 1942, he suffered from manic-depression from his late teenage years onwards and had already experienced several hospitalizations when he became involved with the MPA: “Yes, I was in Riverview Hospital, and I got out and I was living in a rooming house that had all crazy guys in it, different guys with different problems, you know. But none of them was going anywhere good. And I wasn’t either, I was absolutely at a loss... And [my ex-wife] told me about the MPA – she had heard about through the women’s movement, I think – and I decided to go there, just on the off chance I might get something good out of it. And I did.”⁴⁶ Beamish exemplifies the way MPA offered members the opportunity to develop positive new identities as ex-patients, consumers or experiential experts who, drawing on their personal experience with mental illness and often with multiple hospitalizations, formed new resources for and with their peers.

Frances (Fran) Phillips represents the category of early MPA members who were not ex-patients, but aligned themselves with the political goals of the MPA as allies supporting the cause and contributing to the work.⁴⁷ Phillips found community and employment at the MPA and became an ally, friend, and mentor of Beamish and a strong supporter in propagating the self-help model the MPA stood for.⁴⁸ She was a well-educated woman, having obtained a bachelors degree in nursing in 1949 and a Master’s degree in nursing in 1971. Having worked in public health in Vancouver with the Victorian Order of Nurses and the Metropolitan Health Services, she was employed as a public health nursing supervisor on an early Vancouver Plan community mental health research project when the agency “dispensed with my services,” as Phillips told a CBC reporter in 1973.⁴⁹ Interestingly, Phillips became acquainted with the MPA and its radical democratic ideology through this early community mental health initiative, sending patients to the MPA and eventually coming to their research meetings.⁵⁰ Beckman recollected Phillips had

⁴⁴ Interviews with Hooper by Boschma.

⁴⁵ Interviews with David Beamish were conducted in June 2010 and May 2011 by Megan Davies and in August 2011 by Boschma and Davies.

⁴⁶ Interview with Beamish by Davies, May 2011. “David Edward Beamish, Obituary,” Vancouver *Sun*, (7 January 2012).

⁴⁷ The information on Fran Phillips was obtained through documents and stories from other MPA members. She had passed away prior to the interview project.

⁴⁸ Phillips lobbied for continued funding when federal government budget cuts threatened the existence of the MPA. See *In a Nutshell*, 4, no. 2 (May 1976): 12.

⁴⁹ Hourglass MPA Documentary – 1973-01-30, CBC, Vancouver; Frances P. Phillips, “A Study To Develop An Instrument To Assist Nurses To Assess The Abilities Of Patients With Chronic Conditions To Feed Themselves,” Master’s Thesis in Nursing (University of British Columbia, 1971). See page 84 for biographical information. Born in New Westminster in 1926, Phillips obtained a B.A.Sc., likely in nursing, at the University of British Columbia in 1949 and held various positions in public health in North Vancouver thereafter. She obtained an M.S.N. degree in 1971.

⁵⁰ 30 January 1972, “MPA,” for Hourglass, CBC Vancouver.

joined the organization because of her genuine interest in the cause of the MPA.⁵¹ Beamish remembered that having worked for a while in new community mental health teams in Vancouver, Phillips was uncomfortable with their medical stance.⁵² “[Phillips] worked on [setting up the teams with the Metropolitan Health Service],” Beamish recalled, “then she got fired, well she got... shunted out of her position because she was too radical.” Both Beckman and Beamish recollected that Phillips was welcomed into the MPA and was able to make a living to sustain her family: “Her husband was writing a book and she was looking after him and the kids [working as an MPA residence coordinator],” Beamish said.⁵³ Along with Beamish, Phillips visited college and secondary schools to talk about mental health, her nursing credentials providing the necessary professional ballast for them to get paid for the work.⁵⁴ Her membership in the MPA probably shaped her identity as a worker, allowing her to interconnect personal need, professional skill, and political commitment, making her a valued and committed MPA member. For almost a decade she worked as a residence coordinator at the MPA.

Negotiating professional and patient expertise and identity

Within the pioneering domains of community mental health work and community engagement, new claims to expertise and support were forged, and new roles of “patient,” “advocate” and “community mental health professional” negotiated. Each of the individuals discussed in this paper did this in different ways, drawing from the cultural resources and life experiences available to them. Hooper’s experiential expertise in living with mental illness became intertwined with her work and expertise as a professional and activist – in various roles – in and outside of mental health. Beamish lacked Hooper’s academic qualifications, but gained experiential expertise at MPA that he later translated into an important national career as a mental health advocate. Phillips and Parfitt both came into contact with the MPA as professionals in the new world of community mental health, but the paths they took were quite different. As such, all four of them moved across previously prescribed roles, rescripting existing power relationships and the performance of mental health work.

MPA members with psychiatric histories transformed the meaning of help and support, not only because they challenged professional psychiatric authority and (medical) power within the existing mental health system, but also because they took on powerful roles in mental health work themselves. One of MPA’s strengths was that it offered paid positions. Decisions over employment were made by consensus at MPA in the general member meetings.⁵⁵ As paid MPA workers members developed new know-how; however, in many instances they also brought with them substantial experience, talents, and expertise from previous jobs or life experiences which, in a way, intersected with the local community mental health team’s services. With their

⁵¹ Lanny Beckman, personal communication with Boschma, August 29, 2013.

⁵² Interview with Beamish by Boschma and Davies, August 2011.

⁵³ Interview with Beamish, August 2011.

⁵⁴ Interview with Beamish, by Davies, June 2010.

⁵⁵ A point of discussion that regularly resurfaced in the meetings concerned the proportion of the available jobs that should be given to ex-patients. Eventually a motion was passed that at least 50% of available jobs had to be filled by ex-patients. *In a Nutshell*, 3, no. 6 (1975): 3-4.

experience and investment, they took part in making community mental health work. They purposefully used the term “mental patients” to reclaim it from its pejorative origins, or they referred to themselves as ex-patients, intending to make a political statement. Hooper, for example, recalled how MPA provided her with a new stability, being able to volunteer at the drop-in centre.⁵⁶ Soon she was elected to a paid position at MPA, first working as a research coordinator and setting up a documentation centre for MPA members.⁵⁷ As early as August 1973 she was part of an MPA group meeting with NDP Minister of Human Resources Norm Levi to develop programs to support newly discharged Riverview patients.⁵⁸ Not long thereafter she was voted in as an office manager, basically running the MPA with three other office managers.

When the organizational structure became more bureaucratic and funding patterns changed in the mid-1970s, Hooper decided to leave: “a lot of us quit at that time.”⁵⁹ Yet her years at MPA were fundamental to the way her career evolved, consolidating her identity as a patient, patient advocate, and mental health expert, both within the MPA orbit and in larger policy circles. From the beginning of her time at MPA, Hooper’s work centered on patient rights and the question of housing for persons with psychiatric histories, always positioning the mental health patient as a specialist in finding solutions. Hooper’s second *Nutshell* article, dealing with the plight of newly discharged Riverview patients, makes particular note of problems finding accommodation.⁶⁰ A 1976 piece, “Citizen Advocacy and MPA,” is a nuanced argument for a mental health ombudsman in BC, with a skillfully inserted suggestion that MPA was well positioned to take on this role.⁶¹ But how important were Hooper’s academic credentials to her work at MPA or her subsequent career in community mental health? When asked whether her degree as a librarian was significant in the first MPA position she obtained, she did not think so: “the research coordinator did not do much,” she recalled, “I was mostly volunteering and I was sick a lot.” But the combination of Hooper’s professional background and her experiential expertise likely confirmed an observation Beamish shared during his interview: “In those days [at MPA] there were a lot of people that were really quite qualified to do things. It’s just that they were in a bad spot [health-wise] and they hadn’t been able to find anywhere else to go... some of the people were really talented and really exceptional, you know. People with degrees and all kinds of stuff that were going there because there was nowhere else to go.”⁶² Hooper’s *Nutshell* publications from the period can be read as demonstrations of intellectual talents developed at UBC and now applied to the world of community mental health. No doubt Hooper was one of these talented people to whom Beamish referred. In her experience, work was fundamental to sustaining her personal integrity as much as it signified a political stance. Pondering the question how being a professional might have informed her advocacy work, she was very clear: “Well, I

⁵⁶ Interview with Hooper by Boschma, February 2013.

⁵⁷ *In a Nutshell*, 2, no. 4 (1973): 3.

⁵⁸ Jackie Hooper, “Welfare on Discharge: Report to Levi backs MPA,” *In A Nutshell*, 2, no. 8 (1973): 5.

⁵⁹ See also Documentary “The inmates are running the asylum,” for background on the shifting funding patterns around 1977.

⁶⁰ Hooper, “Welfare on Discharge.”

⁶¹ Jackie Hooper, “Citizen Advocacy and MPA,” *In A Nutshell*, 4, no. 3 (1976): 1.

⁶² Interview with Beamish by Davies, May 2011.

need to tell you one thing – I *never* worried about stigma and [most of] us didn't. Other people might say you could not get a job – but I always worked. I was never without a job.”⁶³

Hooper's work creating an innovative apartment supportive housing scheme was her most significant achievement during her time at the MPA. She recalled how she spoke with Beckman in the early 1970s about her idea for using a block of apartments to create a sheltered community for ex-patients.⁶⁴ We asked Hooper what served as her key example in envisioning such housing. To the interviewer's surprise, expecting it might have been the MPA communal residences, Hooper said, “no, it was Ward 1 West at UBC. [After all I had been through] it was like heaven – [1 West] became my model. I wanted an apartment block, a housing property.” Hooper envisioned a mix of peer support, a quiet space or room to live in combined with communal space and professional help as key ingredients for the new place. It almost seemed she wanted to bring together what the community mental health team and the MPA had to offer. While Beckman wasn't interested in the apartment plan as an MPA initiative, he helped find LIP funding for Hooper to pursue her goal, suggested that she check out the new National Housing Act providing low interest mortgages and take her idea to the Coast Foundation Society, and so she did.⁶⁵

Coast emerged as another community initiative, in 1971, when a group of people sponsored by the British Columbia Teachers Federation joined forces to help ex-psychiatric patients living in boarding homes in the Greater Vancouver area find ways towards a more integrated community life.⁶⁶ The group registered under the Societies Act in 1972. Hooper joined this society and showed astute political leadership in obtaining start-up funds guaranteed by the Central Mortgage and Housing Corporations (CMHC) and the Provincial Health Department under the Community Care Services Act to realize her dream.⁶⁷ “I went to see Peter Tomlinson,” she recalled, “the research director of Coast and said: I want to [establish] an apartment block or get some form of housing – I had seen one in the West End that I liked... I designed it... I even made up the rules and regulations... I got a realtor... I [wanted] 25 suites... and a lounge and a shared kitchen. Peter was very enthused – and the national Housing Act had changed, the CMHC were lending money to non-government organizations at low rent rate – [the CMHC] agreed to arrange the money to buy an apartment block at the West End.” Hooper confided: “Peter and I got the membership [of Coast] on our side, got Barry Coull [from MPA] to organize a momentous meeting... then we got housing.”⁶⁸ With Tomlinson she went to Victoria, BC, to obtain further governmental support. Once they took possession of the twenty-six unit block, they gave the

⁶³ Interview with Hooper by Boschma, November 2013.

⁶⁴ Interview with Hooper by Davies, 2010.

⁶⁵ Interview with Hooper by Boschma, February 2014.

⁶⁶ Coast Foundation Society, “A Brief History” (1977). Unpublished document obtained from the Coast Mental Health Foundation.

⁶⁷ Hooper's attendance at the Society's Annual General Meeting on 3 March 1974 is noted in the minutes. She seconded one of the motions; Minutes Annual General Meeting, 3 March 1974 in Notebook with Minutes of General Meetings, Coast Foundation Society 1974-1978 (obtained from Coast Mental Health). Hooper chaired a general meeting on 24 July 1974. See also Coast Foundation Society, “A Brief History,” (1977). Coast Mental Health has acknowledged Hooper's leadership in naming an apartment block in Vancouver's west after her, currently managed by Coast.

⁶⁸ Interview with Hooper by Boschma, November 2013.

existing renters notice and then renovated the basement: “we made a lounge in the basement, as a common area, and a kitchen, very much like 1 West at UBC; we had meals once a week. Peter and I took turns in taking in people who we thought needed it.” The apartment complex opened in 1974. Hooper, building upon her experiential expertise in supportive housing development, had by the 1980s decided to become a professional social worker, obtaining a degree in social work (MSW) at the University of British Columbia in 1982.⁶⁹

While some members, like Hooper, brought their educational and professional experience with them to MPA, for others the MPA was an avenue to become an expert. Beamish took on a variety of paid work at the MPA, successfully running for drop-in coordinator in 1972 and restructuring his patient identity into one as a mental health worker and advocate.⁷⁰ Over time he became very involved with the MPA hospital visiting initiative, which extended to various general hospitals’ psychiatric departments and to the mental hospital Riverview in Coquitlam, BC. On a weekly basis MPA members visited patients in Riverview Hospital and in the surrounding psychiatric departments in general hospitals.⁷¹ Identifying as an ex-patient from the latter hospital, Beamish was actively involved in supporting patients who were discharged from the hospital. His work at MPA allowed development of substantial expertise: “Well, I was drop-in centre coordinator in all the drop-in centres and I was manager in the [MPA] project out at Riverview Hospital. Twice.”⁷²

Beamish firmly believed that the milieu of MPA was critical to his personal development during this period. He took note, for example, that Beckman always arrived at MPA meetings with a briefcase in hand, fully prepared to present whatever proposal he wanted to advance.⁷³ Encouraging conversations with Phillips were pivotal to fostering the self-esteem necessary for Beamish to emerge as an effective activist and advocate, but also important were smaller actions like a supportive note that Beckman wrote to him during a difficult time, or the caring acts of other MPA members.⁷⁴ Ruminating on the value of MPA in an extensive 1975 *Nutshell* article, he stressed the importance of friendship, sensible advice rooted in experience, employment options, and safe places to live and hang out.⁷⁵

Public speaking work with Phillips and publishing in *In a Nutshell* further fostered Beamish’s development as an advocate for people with mental health difficulties. In 1977 he was involved in filming a CBC “Man Alive” segment about MPA and presented a workshop on the MPA model at the national Canadian Mental Health Association meeting.⁷⁶ When the CBC was

⁶⁹ Interview with Hooper by Boschma, February 2013.

⁷⁰ The date 1971 is an estimation. MPA moved out of their first house at Trutch at the end of January 1972 and Beamish stated that he was Drop-In coordinator at the Trutch house.

⁷¹ David Beamish, *In a Nutshell*, 2, no. 1 (1973): 5.

⁷² Interview with Beamish by Davies, May 2011.

⁷³ Interview with Beamish, May 2011.

⁷⁴ In the first interview, Beamish described Phillips as “my best friend in my life.” See also Dave Beamish, “MPA is a big part of my life: Dave Beamish speaks out,” *In A Nutshell*, 3, no. 9, (July 1975): 1-2, 11.

⁷⁵ Dave Beamish, “MPA is a big part of my life: Dave Beamish speaks out,” *In A Nutshell*, 3, no. 9 (July 1975): 1-2, 11.

⁷⁶ Documentary, Mental Patients’ Association, National Film Board, 1977. DVD-R - Directed by Richard Patton and produced by Shelah Reljic and Peter Jones; “Update,” *In A Nutshell*, 5, no. 1 (March 1977): 5, 8.

looking for a patient perspective on Vancouver's escalating housing costs in 1981, Beamish well articulated his views.⁷⁷ As he recounted, "It's hard to explain why it [MPA] was pretty good but it felt good because we were going to speaking engagements in different schools and stuff like that, talking about what we were doing, you know. And gave people some idea that we weren't all just nuts. We were pretty nuts, all of us."⁷⁸ Beamish's poetry of the period is another manifestation of his new public identity as a mental health advocate with experience. His poem "King of the World" is a rare creative expression of the joy of being manic, while "Sing a Song of Sickness or Who's Crazy?" states, "I'm an ex-mental patient/ Think I'll make it my career."⁷⁹

Innovatively, Beamish used his MPA experience to expand the MPA concept and practice on the Riverview hospital grounds. In the mid-1970s he was instrumental in obtaining federal funding to establish an MPA Riverview extension program, grounding it in principles of participatory democracy that characterized the MPA.⁸⁰ [We ran] "sort of social work projects. We hired people from the hospital by election – mental patients – the place was run by [patients], we had meetings in town [in Vancouver] but I managed [the MPA office] out there [at Riverview]."⁸¹ Not only had the coordinators and volunteers made many connections with patients, Beamish pointed out, but hospital staff were referring patients to them for help and coming to respect and accept the MPA presence at Riverview.⁸² Like Hooper, Beamish eventually left MPA, first moving into the Pioneer Housing project in New Westminster in 1982, and then into extensive consumer engagement with the national and provincial branches of the CMHA.⁸³ The skills and political perspective that he had garnered at MPA continued to shape his work in these other spheres of engagement.

Like Parfitt, Phillips was probably inspired by the opportunities of community care, but her career path turned toward working alongside former patients rather than with a community mental health team. She took on a paid position as a residence coordinator in one of the MPA houses. In 1973, the MPA membership elected her into this role.⁸⁴ "Phillips was given the job not because she was a nurse," Hooper noted, "but because she was an MPA member."⁸⁵ As her role in Beamish's emergence as a public advocate suggests, Phillips' understanding of professional engagement and patient support took on a different form within the MPA, reflecting her openness to the MPA's politicized views of self-help and patient control. From her writings in the *Nutshell* it appears Phillip's views aligned well with the radical political philosophy many MPA members held. She was articulate about the way the mental hospital could constrain patient initiative and

⁷⁷ CBC Archives, Vancouver – "Mental Slums," Sept 29, 1981 – 81-09-29-1.

⁷⁸ Interview with Beamish, June 2010.

⁷⁹ Dave Beamish, "King of the World," *In a Nutshell*, 3, no. 3 (June 1974): 1; Dave Beamish, "Sing a Song of Sickness or Who's Crazy?" *In a Nutshell*, 3, no. 10 (October 1975): 7.

⁸⁰ Dave Beamish, "MPA Riverview Extension Program," *In a Nutshell*, 4, no. 4 (1976): 5.

⁸¹ Interview with Beamish, August, 2011. By the mid-1970s, the Riverview Hospital administration had provided support to MPA and provided an office on the hospital grounds. Conference Proceedings, Conference of the Role of Riverview Hospital, 1976.

⁸² Gail and Dave, *In A Nutshell*, 5, no. 1 (March 1977).

⁸³ Tom Watts, "Getting Back on Track," *The Province*, (2 December 1984); interview with Dave Beamish about his work at Pioneer House; "David Edward Beamish, Obituary," *Vancouver Sun*, (7 January 2012).

⁸⁴ *In a Nutshell*, 2, no. 4 (1973): 3.

⁸⁵ Interview with Hooper, February 2013.

strongly believed in the potential for self-empowerment offered by the MPA model. In a 1973 *Nutshell* article, she warned members that they had to live up to the principles of self-help in the MPA house, and show initiative and be responsible, for example in cleaning up dirty dishes and sharing in the household tasks. Residents should not repeat “the legacy of negative learning from our [mental] hospitals,” she warned, clearly ascribing negative and passive attitudes to learned behaviour in the institution. “In a democratic self-help community,” she pointed out, “[people] had to pitch in and be responsible.”⁸⁶

Nonetheless, Phillips’ professional background was useful at MPA, expanding the work beyond her residence coordinating position into more public health venues. Phillips did a great deal of public education work in the late 1970s, always speaking alongside former patients. In May 1977, *In a Nutshell* reported that Phillips and MPA ex-patient members Linda, Doreen, and Gretchen presented to psychology classes at UBC, Fraser Valley College, the UBC Women’s Centre, and two United Church congregations.⁸⁷ A *Nutshell* cartoon from 1977 drawn by Phillip’s daughter Hilary depicts a man, possibly Beamish, explaining MPA to a group of students.⁸⁸ In March 1976, Hooper travelled with Phillips and members of the Vancouver Women’s Health Collective to Banff, Alberta for a national conference on behaviour modification, meeting mental health professionals from across Canada and the United States and selling the merits of the MPA’s “brand of participatory democracy and self-help” as a form of positive decision-making and personal change.⁸⁹

Not unlike the MPA members, but based a few blocks away at the new community mental health team’s office, Parfitt also found new inspiration in the opportunity to engage with mental health work in the community. His work with the teams and interaction with community groups, such as the MPA, democratized his understanding of mental health work during his time in Kitsilano. “We don’t want to be a group of professionals descending on a community,” Parfitt stated in a 4 May 1973 press release, “We want community involvement.”⁹⁰ However, Parfitt remembered that the team’s interaction with MPA members was affected both by a shared sense of purpose and a tension between theoretical stance and practical enactment: “[My reaction] was mixed... we had a lot in common, in that we were interested in helping people with mental illness... but there also was quite a bit of strain, because of the different perspectives of how to go about it.” Parfitt, like other progressive Vancouver psychiatrists of the period, subscribed to *In A Nutshell*, and was familiar with radical thinkers in the field, such as Laing and Szasz, but he believed that they endorsed theories that did not translate into on-the-ground practice. “I read [the works of] Laing and Szasz too,” he said, “but I felt deeply antagonistic about their perspective, I disliked it.” Parfitt remembered how both Szasz and Laing came to Vancouver to speak at some point, but to the consternation of Parfitt and his colleagues, Szasz declined to visit the new psychiatric emergency service at the university hospital in Vancouver – “but he was not interested at all, very theoretical.” Similarly, Parfitt remembered the MPA’s anti-psychiatric stance: “they

⁸⁶ *In A Nutshell*, 2, no. 1 (1973): 5.

⁸⁷ “Update,” *In A Nutshell*, 5, no. 1 (March 1977): 5, 8.

⁸⁸ Hilary Phillips, cartoon, *In A Nutshell*, 5, no. 1 (March 1977): 5.

⁸⁹ Jackie Hooper, “MPA at Banff,” *In A Nutshell*, 1, no. 4 (May 1976): 17.

⁹⁰ “News Release: Community Mental Health on Kitsilano,” (4 May 1973), Parfitt Papers.

did not like what was done to and for mental patients at the time – they were very angry with the whole [BC provincial mental hospital] Riverview situation, they felt many people had been mistreated... they would have preferred, most of them would have preferred, to do without psychiatry [...] they would have preferred to find a way of looking after their members without medication and going to see doctors... that was against their whole belief system, most of them, initially.” Many of the founding MPA members, Parfitt believed, started out quite theoretical, but might have had little actual awareness of what severe mental illness was about.⁹¹ However, “once they got started and, and [were] living with people with mental illness on a day-to-day basis, eventually, most people at the MPA, they realized they needed us, they needed the kind of help we could offer [such as a need for medication], so we arrived at a working relationship over time, but there was always an element that was guarded and hostile to doctors and drugs.”

The professional papers which Parfitt shared with our project reveal a lively engagement with approaches of the MPA and an interest in sharing with fellow psychiatrists his story of working constructively with an organization which was a “vigorous crusader for the civil rights of mental patient and... does not hesitate to criticize the psychiatric profession.”⁹² In 1974, Parfitt included MPA in a study of five “innovative social service and mental health projects” funded by LIP grants.⁹³ Three years later Parfitt applied to present a paper titled, “Working With a Patients’ Self-Help Organization,” at the Sixth World Congress of Psychiatry. “It is suggested,” he wrote on the conference application form, “that psychiatry and self-help organizations such as the M.P.A. can find ample common ground since they share the same goals: the attainment of self-respect, independence and personal comfort by those people known as mental patients.”⁹⁴

Like many other MPA members, Hooper used the services of the community team when it became available: a new and much needed resource, she told us. She remembered in detail the people working on the teams, including Parfitt. “Some liked Parfitt,” she noted, “but I could not stand him. I liked the coordinator of the West End team better. [He] was the first psychiatrist there, and also my psychiatrist.” Hooper’s comment that “some liked Parfitt” underscored how the MPA members’ interaction with the teams’ psychiatrists was talked about among the members, forming collective opinion about this new resource. Such opinions were then also shared with the teams, for example in a survey from the Kitsilano team that was reported in the MPA newsletter.⁹⁵ Hooper was well aware of the ambivalence and sometimes guarded responses of MPA members about their relationship with the teams’ mental health professionals: “I was not against medical professionals like a lot of people at MPA were – I was pro-psychiatrist, they kept me alive for years. Many who were not so sick perhaps did not like them.” In a sense, quite similar to Parfitt’s comment, Hooper apparently held the view that differences in the way people perceived professionals might also have been shaped by the way people were experiencing their mental illness, in turn structuring their relationship with professionals. Reliance on medication

⁹¹ Lanny Beckman’s notebook that he kept for the first months of MPA’s existence reveals early efforts to secure professional training for members to deal with people who came to MPA in crisis. Beckman, Personal Papers.

⁹² Abstract of Free Communication and Individual Plenary or Symposium Presentation. Parfitt Papers.

⁹³ Hugh Parfitt, “Psychiatry and the Local Initiatives Program,” (13 August 1974), Parfitt Papers.

⁹⁴ Abstract of Free Communication and Individual Plenary or Symposium Presentation. Parfitt Papers.

⁹⁵ *In a Nutshell*, 3, no. 4 (Sept. 1974): 9.

implied a relationship of dependency and unequal power, which people could negotiate to some degree, for example by choosing between different teams, and hence psychiatrists. Yet, the fervent personal reactions of liking or disliking the psychiatrist probably also reflected the strong but unequal cultural power seated in those relationships.

Ambivalence about professional help shaped MPA members' perspective on the work of the mental health teams. When asked for feedback about the set-up of the new service in Kitsilano, for example, some MPA members communicated their ambivalence about "official" psychiatry: "The Kits Mental Health Team (KMHT) came by with a questionnaire," members noted in the newsletter, and "one of the questions on the list asked: are there any changes, positive or negative, in your work as a result of the KMHT being available?" While one member felt "the blunt truth" would be: "No," another did want to nuance that statement as a "blunt half-truth," pointing out that she "had been seeing a lot of KMHT shrink Hugh Parfitt."⁹⁶ In a sense, the latter viewpoint probably underscored Parfitt's point that in dealing with actual illness on a day-to-day basis – likely the reason why the latter person was seeing Parfitt – the radical critique on medical explanations of mental illness did not match seamlessly what people in actual practice experienced.

Collaborative work allowed for exchange of ideas, practices and perspectives. In the oral history interview, Parfitt stressed the importance that the work of the mental health teams be done in collaboration with the community as if to underscore how a new, more democratic, approach had been sought. It seemed an essential point that Parfitt wanted to emphasize and that stood out in his memory: "I want to step back a little and say a bit more about the way the team was established... three or four of us were given the mandate to establish the team within that community... we were encouraged to get to know the community itself and to try to work with people in the community who were in the community and might be able to help get us going, get started... even before the team began to work we had a whole series of meetings with community players."

Parfitt began the process of establishing a community mental health team in Kitsilano in January 1973, speaking first with individuals in the community, and then hosting an invited meeting in March with representatives from the local health unit, social and family services, Children's Aid, the school board, MPA, and the Area Resources Association. The MPA pressed for hiring non-professionals in the system and for ongoing dialogue.⁹⁷ Subsequent meetings were held throughout the spring, culminating in a public meeting in mid-May. Staking out the shape of what he regarded as best practice in a May 29th report to the coordinating committee, Parfitt commented on the creation of an "active and highly motivated citizen's committee" in the Kitsilano neighbourhood and warned that their wish to be involved in budget and hiring decisions should be respected.⁹⁸ Both groups, MPA members and the professional mental health team members, were intrigued and inspired by these new, more democratic, approaches. The invitation for community input thus changed the notion of teamwork itself. As illustrated by Parfitt's experiences, when employees of the new Metropolitan mental health services engaged with

⁹⁶ *In a Nutshell*, 3, no. 4 (Sept. 1974): 9.

⁹⁷ Hugh Parfitt, notes, (21 March 1973), Parfitt Paper.

⁹⁸ Hugh Parfitt, notes, 29 May 1973 report, Parfitt Papers.

citizens in the neighborhood they found themselves most often in agreement with the community members. Their political stance often aligned more closely with that of the community, and hence the MPA. Attending the community meetings from the outset, MPA members freely shared their political views imbued with anti-psychiatric critique, yet also demonstrated a willingness to make community services work in alignment with the MPA ideals of self-help, self-organization, and participatory democracy. MPA members Beckman and Barry Coull were among the community volunteers on the steering committee entrusted with the task of drafting a proposal for the Kitsilano mental health project.⁹⁹ Parfitt and his colleagues invested time to let the steering committee, elected on behalf of the community, prepare policy guidelines for the proposed community mental health team. Diverse views had to be brought together and not all community members involved were interested in more mental health services in the neighborhood. The MPA in particular was quite vocal in not wanting a new little institution in the community. Yet, “we did come to a final proposal after quite a few months of negotiations,” Parfitt recalled.¹⁰⁰

In the end, however, higher levels of government dismissed the carefully prepared community-based proposal. In his narrative Parfitt positioned himself as a person who did not fully agree with the way the higher level politics within the government eventually unfolded, noting that while he and his colleagues had come to an agreement with the community and supported their views, the central government “began to be very anxious about what was happening, and felt that it was a little out of control, the community, and out of perspective.” Parfitt noted, “...eventually the ministry decided to not follow our recommendations and instead imposed its own [more top-down] model as to how things should be done.” The proposed community-based crisis center for example was turned down. Not only the citizens, but also the professionals on the team were frustrated, illustrating how they had aligned themselves with the community point of view: “We were upset and angry,” Parfitt recalled; indeed, “it was a sad moment” because the [central] government “backed right off from community involvement, whereas initially they were encouraging community involvement.” The MPA expressed similar sentiment: “Months wasted – citizens’ participation crushed,” the MPA newsletter stated. They viewed the government-imposed plan as a medically-driven model centered on medical diagnoses and treatment rather than socially-based needs of support and citizen’s involvement.¹⁰¹ A similar frustration and sense of common purpose came through in the memories Parfitt shared.¹⁰² At a grassroots level Parfitt’s professional stance had been more aligned with radical democratic views than the contemporary, dominant critique on medical authority might have suggested.

Conclusion

⁹⁹ *In a Nutshell*, 2, no. 4 (1973): 3.

¹⁰⁰ Details of the meetings were described in Minutes of the Kitsilano Citizen’s Committee on Mental Health, Meetings 30 July 1973 and 10 September 1973. Parfitt Papers.

¹⁰¹ *In a Nutshell*, 2, no. 8 (1973): 1.

¹⁰² See previous note. See also Stan Perky and Michele Brunt, “How the NDP’s Dennis Cocke Took the Community Out of Community Mental Health... And Why,” *Canadian Dimension* (July 1974): 32-4.

The detailed analysis of the enactment of new, community-based mental health work, as experienced by a small group of professionals and patients in 1970s Vancouver, provides insight in the way established understandings of patient and practitioner, mental health care and expertise, were disrupted as the context of mental health service profoundly transformed. Inspired by the countercultural climate of the 1970s, MPA members identified with the patient movement both as members and workers, enabled by opportunities for paid work within their newly formed MPA community, providing housing, support and jobs. In doing so, MPA members modeled new ways of community living for people with mental illness – grounded in broader political notions and countercultural values of democracy, sharing of authority and citizen engagement observed during the 1970s. Their work became a defining influence, we argue, on the new professionally driven community mental health teams, shaping the teams’ understanding of professional help and community-based support. GVMHS team members also sought out new models of practice, revisiting their professional identities in the process. The impact of user-led community organization is well communicated by Parfitt when he talked about the way he encountered the MPA’s influence in his new role as director of the Kitsilano community mental health team.

Phillips, Beamish, and Hooper, like other MPA members, found support, friendship, a symbolic home for their politicized views, and formal employment at the burgeoning organization. In the process, they further developed their expertise, building upon their artistic or managerial talents or upon the professional work with which they were already familiar. They generated new caring work, but also influenced the way such work was enacted within the mental health system. Deeply committed to patient independence, they resented patronizing medical authority and were proponents of less patronizing models of care. Professionals and patients were at points angry and frustrated about the larger bureaucratic schemes of control they were caught up in as much as they were also excited about trotting new paths of supportive community care and more patient independence.

The power relationship between professionals and patients, ex-patients and allies, was guarded, but also generated new models of mental health services and new roles within the emerging system. The experiences and expertise of people living with mental illness made clear that they were resourceful people, drawing on a broader range of cultural identities, resources and capital – their education, intellectual, artistic and practical abilities, capabilities they brought with them from their family and working lives, their political engagement as citizens, and relational networks – setting and enacting a new tone of service provision. The flexibility and relative openness of progressive mental health practitioners like Parfitt demonstrate the fluidity of the developing community mental health system in Vancouver in this early period of deinstitutionalization. Such nuanced themes are not readily apparent in the documented history of the era, but come to the fore through the work of oral history.