CHAPTER 3: THE COMING OF AGE (1982-1986)

he GVMHS Central Office began by having a Research Department which, in the early years, was very helpful in providing internal statistical surveys, but was never able to move beyond to produce papers on clinical matters in conjunction with local universities like UBC or Simon Fraser or other universities either in Canada or United States. Unfortunately, there was never enough money, and it was felt that such research had the potential to distract from client care. The result was that by 1985 the Research Department was disbanded. Other projects flourished, however, and are listed below in yearly chronology.

1982:

PSYCHIATRIC NURSES WIN ARBITRATION AWARD:

In 1982 the psychiatric nurses of GVMHS won an arbitration award which aside from increasing their salaries,

also had the effect of changing the Coordinator's position to Team Director, in order to make certain that the position would not become unionized. It also meant that the Director, rather than the team members, had the final say on hiring new staff. As already mentioned in Chapter One, in the first few years, the teams had been relatively left alone by the Central Office, but as GVMHS assumed more responsibilities, the need for central administration became greater. GVMHS administration, however, never viewed itself as wishing to become a hierarchical organization. In a brochure published in 1990, it clearly stated:

> GVMHS has worked hard to minimize the amount of hierarchy within its organization. Much of the direction and many of the decisions regarding GVMHS are reached by staff committees. Existing committees include: Education Committee, Standards of Care Committee, Audit Committee, Professional Advisory Committee, Health Records Committee, Rehabilitation Services Committee, and Family and Children's Committee.

THE WIDGET FACTORY:

1982 was also the year that The Strathcona Team, after having being told by the only vocational rehabilitation workshop in Vancouver at the time to stop referring their "lower functioning" clients, decided to set up their own sheltered workshop which they named "The Widget Factory". The team canvassed businesses in the neighbourhood and found many that were willing to supply them with a series of packaging and collating jobs. Clients were encouraged to work a minimum of 10 hours a month, and with the money made, plus some additional grant money, they were paid the minimum hourly wage which supplemented the money they received from their monthly disability pensions. For many clients, it greatly increased their self-esteem by viewing themselves as being employed. In addition, in the work environment they were encouraged to participate in a considerable amount of additional socialization and recreational activities.

1984:

JAPANESE DOCUMENTARY ON GVMHS:

This was the beginning of GVMHS becoming seriously recognized internationally for its delivery of service to the chronically mentally ill, particularly by countries like Japan and Taiwan. In October of 1984, a Japanese television production crew visited GVMHS and spent a week taping various aspects of its services for a documentary for Japanese audiences on community mental health services.

"A TALE OF TWO CITIES":

In 1984 Dr. Morley Beiser conducted a research study entitled "Does Community Care For the Mentally Ill Make A Difference? A Tale of Two Cities". In the study he matched patients with schizophrenia in Portland with a similar group in Vancouver, both of whom had been discharged from their respective hospitals. His research found that Vancouver's community care was far superior. The Vancouver cohort were less likely to be re-hospitalized, and if they were, they had shorter lengths of stay. Describing GVMHS, Beiser stated:

> Each patient is assigned a mental health worker who provides therapy. The worker is also a client advocate and community broker, who attempts to meet individual client needs such as housing, placement in a sheltered workshop, enrollment in some of the team's social and recreational activities or in one of its group therapy programs designed to develop social and vocational skills. Psychiatrists provide assessment and medical consultation. GVMHS also operates short-term residential activities for patients in crisis, maintains a suicide prevention service, provides a 24-hour emergency service and offers consultation to various community agencies, including an assessment and placement service for psychiatric boarding homes. With its focus on chronic patients, its linkages with other community resources, its aggressive outreach policy, the broad range of services its specially trained staff provide to clientele, and its individually tailored programs of rehabilitation; GVMHS fulfills the criteria, described in the literature for a model program to serve the chronically mentally ill.

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CREATION OF MEDICAL DIRECTOR AND AREA CLINICIAN POSITIONS:

By 1984, the psychiatrists from the teams approached the Central Office requesting more input into the administration of GVMHS. A few wanted to take over the Director's position. Discussions were held and an amicable solution resulted in the creation of a Medical Director position at the Central Office for three sessions a week, and the designation of one physician at each team as an "Area Clinician". The Area Clinicians met monthly with the Medical Director to provide psychiatric input into the GVMHS decision process. The Medical Director also took over the hiring of new psychiatrists and physicians to the teams.

1985:

THE MULTI-SERVICE NETWORK (MSN):

As GVMHS moved further into the '80s, by 1985, it was recognized that there were a small number of very troubled individuals with multiple problems, living mostly in the Downtown Eastside area of Vancouver, who consumed enormous amounts of services with no real benefit resulting. Statistical research was done on a few of these individuals using per diem rates from hospitals, ambulance, and correctional services, which found that just one of these individuals in a single year cost the various services over a million dollars. Using this information, it was possible to approach and convince four other major service organizations to fund a project called the Multi-Service Network. The five organizations were: Alcohol and Drug, Corrections, Forensic Services, Mental Health, and Social Services. Historically, this was the first time these five agencies had ever come together to collaborate on a shared problem. The MSN staff consisted of one coordinator, with a half-time secretary, who brought together workers from the five funding organizations, plus other community agencies in the Downtown Eastside who had dealings with these multiproblem individuals, to help formulate realistic service plans which the workers would agree to provide. The coordinator would then monitor the progress of the service plan, keeping everyone informed, and, if necessary, call another meeting if problems arose.

In 1986, the MSN commissioned a study of the project by the Simon Fraser University Psychology Department, the results of which were later published in an article on the MSN in February 1992 of the Community Mental Health Journal. The study showed:

> Referral agency personnel reported that gaining information on the client and other agencies serving the client were the most important outcomes. Almost as important was developing better strategies and options for dealing with the client.The MSN appears to have made substantial progress in coordinating agencies that were duplicating services, working at crossed-purposes, and laboring under false impressions of the client and other services provided. In at least some significant

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instances, MSN seems to have facilitated the development of sufficient structure or external control through agency cooperation to bring about improvement in the lives of its clients.

1986:

THE INTERNATIONAL MENTAL HEALTH CONFERENCE:

Hosting Expo '86 brought Vancouver the international spotlight, as well as thousands of international visitors. 1986 was also the year that GVMHS jointly sponsored with the Health Ministry an International Mental Health Conference where GVMHS and its services were on display, which greatly added to its growing international reputation.