CHAPTER 5:
THE FINAL CHAPTER

The growth and changes in GVMHS from 1973 to 2000 have been captured in the three previous chapters. This last chapter, aside from describing the events leading to the demise of GVMHS, deals mostly with providing some of the praise GVMHS was given during these years, by experts in psychiatry who came to visit GVMHS to observe the community mental health services it was providing. One of these individuals was Dr. Leona Bachrach, a well-respected Research Professor of Psychiatry from the Maryland Psychiatric Research Centre. In 1992 she spent ten days visiting the GVMHS mental health teams, and special projects and presented her observations at a Staff Day Talk on March 11, 1992. Here are some excerpts from her speech:

> As for high points, I'd be terribly remiss if I didn't share with you my joy at finding a system of care—an entire system of care, not just an isolated program—that sees as its mission

> the enhancement of people who suffer from the most serious mental illnesses. Maybe you don't know how rare this, but I do. And I look upon your dedication to this cause with great appreciation.
>
> In fact, I think that GVMHS is quite exceptional in at least two ways. Not only is it exceptional for the persistence with which it guards and fights for its mandate in an era when champions of seriously mentally ill are hard to find. But it's also exceptional in the persistence with which it pursues and tries to anticipate threats to that mandate. A lot of systems of care that I know produce things like five-year plans—paper documents that talk about today's deficits and tomorrow's needs. But GVMHS is one of the very few systems that go beyond the paper-shuffling.

Dr Bachrach then goes on to talk about GVMHS' crisis services:

> Now, I would say that the crisis services in GVMHS are, in my judgement, among the best I've seen anywhere—largely because they take a very holistic approach to what a crisis is. Too often, in other systems of care, crisis intervention means pharmacological intervention and nothing more.

> Here, in Greater Vancouver, crisis services include crisis beds and a lot of remarkable on-site hand holding. There's also a strong and effective liaison with the police force, and this is quite innovative. .....It's very clear that GVMHS takes crisis care seriously.

Close to the end of her speech she mentions GVMHS' individualized planning:

> I truly believe that it's in this area – the area of individualized planning — that the Care Teams shine. When I think about the way in which this concept is supported by front-line workers here, I begin to understand why so many people in the States view Greater Vancouver Mental Health as a prototype and model. In fact, I've visited a lot of systems of care over the years, and I can honestly say that I've never seen another system in which the notion of clients' individuality is so firmly rooted. Clients here are people ...

In 1993 Dr. E Fuller Tory, another well-respected American psychiatrist, came to British Columbia to do a comparative study entitled "Quality and Cost of Services for Seriously Mentally Ill Individuals in British Columbia and the United States" which was published in the Hospital and Community Psychiatry Journal in October 1993. In the article, he refers to GVMHS by stating:

> GVMHS appears to provide better outpatient care than is available in any urban area in the United States.

In 1994 Dr. Douglas Bigelow, a psychologist associated with Oregon State University, wrote an article on GVMHS which was published in the Spring Edition of the New Directions For Mental Health Services Journal had this to say:

> The Greater Vancouver Mental Health Services Society (GVMHS) provides a rare demonstration of what is possible when the political will, together with certain structural elements, exists to make a long-term, straightforward commitment to a unified, administratively integrated service for seriously and persistently mentally ill people in the community
>
> Like any mental health agency, GVMHS has its deficiencies, problems, and frustrations. However, it has also delivered twenty years of dependable, effective service to people with chronic mental illnesses and has had very low staff turnover — all without the fiscal incentives and contractual pressures mistakenly thought to yield good performances.

There were more articles written that praised GVMHS other than the ones referenced above. But even as GVMHS was receiving international recognition, there were other events occurring at the same time within the larger provincial

health system which GVMHS had no control over. In 1991 the Ministry of Health established a "Royal Commission on Health Care and Costs" called the Seaton Report, after the chair, Justice Peter Seaton. The report was called "Closer to Home" and recommended more home care, more nursing care, the greater use of community clinics, and supported the move of hospital-based services into the community. As GVMHS was community-based, this sounded very favorable. But by 1996 the emphasis had changed to regionalization, and the eventual establishments in 1997 of six Health Authorities throughout British Columbia. The one having jurisdiction over Vancouver and Richmond was called the Vancouver/Richmond Health Board (VRHB). Eventually on April 1st, 2000. GVMHS lost its independent non-profit status and was integrated into the VRHB. Two years later the VRHB name was changed to the current Vancouver Coastal Health.