

TOO MUCH ABUSE

In all interactions between human beings there is a potential for physical or emotional abuse. Fortunately in most instances individuals set limits beyond which they will not tolerate another's behaviour. And with this setting of limits and respect for the other person's being, social intercourse and transactions are possible.

But put one of the individuals in the unnatural setting of a mental hospital where another individual or individuals - doctor, nurse, orderly, or attendant - holds unconditional power over the patient, and the potential for abuse is greatly increased. Some people enjoy exercising power over others. In a mental hospital, power can be an awesome weapon, particularly where conditions are neither ideal, nor even normal.

Some members of M.P.A. have experienced physical or emotional abuse in psychiatric hospitals, by reason of forced shock treatment, forced and unexplained chemotherapy, and through a variety of situations in which the mental patient is made to feel socially and intellectually inferior to mental health staff.

The mental health professionals and workers who treat patients fairly and as equal human beings quickly become known to all of us, like Vince, Doris, Brenda, Ken, Fred, Neva, Marj, Len, Harold, Bill, Kaye, Bobby and many, many others in V.G.H. Health Sciences, Riverview, St. Pauls, etc.

The heavies also become well known. Rumours of abuse spread quickly amongst mental patients, potential patients, and relatives.

Fear of abuse plays a large part in preventing those who need help from seeking it, and is at the root of the dread of hospitalization amongst M.P.A. members. I have personally been informed of two nurses who pinioned and slapped a woman patient at Lions Gate Hospital; of a doctor at Riverview whose patient was denied visitors with no explanation and no apparent reason; of a male nurse who struck a patient in Westlawn, Riverview, then kicked him after he fell to the floor. I received a call from a staff member at Lions Gate pleading that M.P.A. "do something" to prevent a patient who was neither depressed, psychotic or aggressive from getting electroshock treatment he had refused in great fear. Luckily he was able to engage a lawyer just in time to avoid the scheduled treatments - but only because he was financially able to do so, and had all his wits about him.

A few weeks ago I took a call from a Riverview staff worker who had witnessed one of two nurses strike a patient in the face and injure his nose. The staff worker who phoned could no longer stomach this and other abuse and had called M.P.A. because there was nowhere else to turn for help. Unfortunately M.P.A. is powerless to do anything in cases like this but to encourage those involved, both patients and staff, to lay charges of assault. So far no-one has dared.

And why won't those involved take action? Our guess is that staff members sensitive to brutality are so intimidated by their abusive colleagues or so fear-

ful of losing their jobs that they won't speak out, except anonymously.

We know only too well that patients won't speak out for a variety of reasons: fear of reprisal by those in control over their bodies and minds; fear of publicity - (no-one in his or her right mind, or unright mind, wants to be publicly identified as a mental patient); possession of such a poor self-image or guilt feelings that abuse seems relatively unimportant or just apathy over abuse engendered by heavy medication, or the nature of their illness itself.

We would like to see a full and immediate investigation of every case of assault; a physical examination of the person abused, by a physician outside the institution, and immediate transfer of the patient to another institution. Until a patient advocate or ombudsman or patients' rights office becomes a reality in B.C. mental health facilities, we would like to suggest the use of lawyers or M.P.A. members as a part of investigations into assault. M.P.A. members are already filling an advocacy role on Review Panels.

As a secondary referral institution Riverview now admits the "sickest" people in the province. Thus it has become a more difficult place in which to work, compared to the psychiatric units of acute care general hospitals, or care teams in the community. There are a good number of very dedicated, very idealistic people at Riverview who accept their difficult role by reason of their own humanitarian feelings and the know-

ledge that they can truly help the mentally ill in their care. And, obviously, there are others who are neither concerned nor caring. These few can make life a hell for fellow staff members and more particularly for patients.

Dr. Ralph Shulman of Vancouver General Hospital, and an M.P.A. member have both publicly expressed the importance of rotating staff throughout the mental health system, within and without the institutional setting. Surely these recent assaults serve to emphasize the importance of doing everything humanly possible to reduce the frustration and over-reaction of staff to the demands of their job. This is not to excuse those who actually strike patients. They should be immediately dismissed, and suitably dealt with under Section 20 (2) of the B.C. Mental Health Act which states that:

"A person employed in a Provincial mental health facility or a private mental hospital or any other person having charge of a patient who ill-treats, assaults, or wilfully neglects a patient commits an offence punishable under the Summary Convictions Act."

The membership of M.P.A. abhors violence whether from patients or staff. We hold hospitals responsible for their failure to investigate reported cases of violence and for their failure to devise safe and anonymous systems of reporting both from patients and staff. It is our feeling that the reports which have come to us represent a small percentage of actual cases of abuse.

Jackie.



What's good about being on WELFARE?

I am on welfare, my life is not easy. For one reason I only get one hundred and sixty a month. Ninety dollars of my precious money goes on rent alone. And the rest goes on food, clothing, blankets to keep me warm when the heat is off, as I may not have any money for my electrical and heat bill. When I go to my social

worker, besides feeling guilty about not having money to pay it, he sits back and says, "If you can't pay it, freeze for the rest of the month." Sometimes I run out of money to pay bills so I can't buy food. So the worker gives me a food voucher of five or ten dollars. When a welfare recipient goes to get food with a

voucher the store treats you very poorly. It's also very embarrassing. You feel a little bigger than two inches. So what's good about being on welfare, the money?

Linda Haidei



AL'S MORNING SERENADE

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