Ralph Buckley Audio 2 Transcription:

The first set you see is a brochure from the Mt. Pleasant Community Care Team which was established around 1974. As you peruse the brochure you will notice that it avoids using any specific diagnoses such as schizophrenia, manic-depression, or psychosis. This is not that unusual for the time. I vividly remember a group I was in at Health Sciences around 1973 when head psychiatrist casually told a patient that he suffered from schizophrenia. The room fell silent, as if he had pronounced a death sentence. The generic term "mental illness" is mentioned in the brochure, but only once.

The first Aim the brochure lists is "To keep people with emotional problems at home in the community, thus preventing recurrent hospitalization" which was consistent with Cumming's Vancouver Plan.

The mandate for the mental health teams is still the seriously mentally ill but now includes substance abuse, which was always the case with the clients we saw at the Strathcona Mental Health Team due to the Downtown Eastside area in which we were situated. The mandate has often criticized for being too narrow, but my rebuttal is that unlike most of the other community mental health movements in North America, we did not abandon the seriously mentally ill when they were discharged from hospital. That movement was referred to as "deinstitutionalisation" and much has been written about the problems it created. In Strathcona we saw our job as providing counselling, visiting clients under bridges if necessary, assisting clients in crises, finding accommodation, going to their home or hotel room to deliver medications if they did not come to the team, working with other community agencies who also assisted our clients, and so forth.

Group therapy does not include encounter groups, but, rather, special interest or education groups that provide information about mental illness to clients, or to relatives of clients, as well as other topics. All the teams have an active

occupational therapy component, which was not mentioned in the Vancouver Plan. Cumming suggested that this role could be filled by hospital day care programmes, which were prevalent in the early seventies, but are not around now. The main thrust of treatment is—wherever possible-- to establish a therapeutic relationship between the client and the therapist or treatment team, and this can be brought about by many of the strategies outlined by Cumming in the Vancouver Plan. Medications are still commonly used, although now there is a much wider variety available than was the case in the early seventies.

Around 2000, the community mental health teams lost their independence and were incorporated into the health authorities that were established throughout British Columbia for financial reasons. A few years later, the teams were re-named Community Mental Health and Addiction Teams.