

## Riverview Village Project

### Making the “intentional community” explicit

Response to B.C. Housing’s December 2015 document, “A Vision for Renewing Riverview”

B.C. Housing’s document “A Vision for Renewing Riverview” has the potential to be the seed of a ground-breaking approach in helping the seriously mentally ill have a better quality of life. Specifically, it opens the door to the creation of an “intentional community” committed to, and designed for, the benefit of the seriously mentally ill. Unfortunately, the document doesn’t articulate this clearly, although it does go a good part of the way.

B.C. Housing need only take that one further step.

There are, nevertheless, concerns.

The document calls for a “diversity of housing choices” and for a “complete community,” including some market-rate housing to generate revenue. There are intimations that many of the residents will be those with a mental illness (“a range of housing types...will serve people across the housing continuum and mental health spectrum”; “complete communities meet the needs of those with mental illness”). Inclusiveness is mentioned, So are employment opportunities. In a schematic map of the future Lands, a section is labelled the “Village Centre Precinct.” A village!

You would think that we, the Riverview Village Project, just given our name alone, would be elated by this scenario, and in a way we are. All of the elements mentioned above are part of our own proposal. B.C. Housing, in projecting a village with these elements, has taken a major, and in certain respects a bold, step forward. Why, though, do we have the sense that that there’s something not quite right about the document? Why are we troubled by it?

The answer lies in the first of the theme sections in the document, “Mental Health Care,” with its framework of a “care model” and “integrating health services” in the community. It’s not quite clear what is meant by this. Care in the community might be a community mental-health team, for example, but that’s something we ourselves take for granted and isn’t in any way exceptional. We always anticipated there would be such a team in the village, justified by the client numbers, just as there are community mental-health teams spread throughout the different neighbourhoods of Vancouver. The same goes for Assertive Community Treatment (ACT) team involvement, where appropriate for the client.

Because B.C. Housing has framed the context in this way, however, we can’t escape the nagging feeling that they’ve misread the leading possibility for the seriously mental ill on the Lands – that they just have it backwards. This leading possibility is not bringing mental health care to the community, which is already part of mental health services, it’s something quite different in kind, namely bringing the power of an integrated “intentional” community to bear to support and enrich the lives of those with an illness, help broaden their horizons, centre them in lasting relationships, and create for them a place they feel they belong to and is part of them – this in a way that “mental health care” doesn’t do, can’t do, and isn’t meant to do. *The community is the therapeutic and social agent.*

Indeed, by helping to prevent relapses and with social integration, the community dynamic will reduce the burden of mental health services – a case of community coming to the aid of mental health services.

It's in creating this intentional community on the Riverview Lands – taking just that one next step – that a truly meaningful vision for the Lands will be achieved.

It's worth taking a moment to review what those with a serious mental illness are faced with here, especially those with schizophrenia, the most chronic and disabling of these illnesses. Acute-care treatment is now, generally speaking, relatively brief, thanks to anti-psychotic medications and mood stabilizers. Not so the ongoing residual “negative” symptoms – avolition (lack of motivation), lethargy, difficulty with planning and following through, metabolic syndrome (physical consequences of the illness), anxiety in many cases, and so on. Not so, either, the psychological and social consequences: gaps in social development (especially with schizophrenia which, in males, often hits in the teens), trauma from the impact of falling ill, limited interaction with those who aren't mentally ill, difficulties many have with substance abuse, difficulties doing paid work, often severe isolation and loneliness, and the narrowing of a sense of challenge and accomplishment because the residual symptoms of their illness may hold them back. Nor, unlike the case with psychosis, is there any effective medication for these symptoms and difficulties.

This is the ongoing reality for the seriously mentally ill and also the rationale for an intentional community on the Lands dedicated to helping them in their struggles and aspirations.

It's essential this leading purpose of the village be explicitly spelled out by B.C. Housing.

It's necessary, to begin with, for the planning of the community, starting with a population benchmark – those with a mental illness to make up a definitive part of the community, somewhere from 40 to 60 per cent, depending on how the village evolves.

Another required element is a core staff team – a community “engine room” – to ensure ongoing community inclusiveness and to help residents deal with any problems. It's not enough to just structure inclusiveness or wish for it. Inclusiveness needs resources, skills, initiatives, and ongoing community staff presence to bring it to fruition.

The allocation of housing will also be planned to reflect community purpose – integrated housing in this case, with, for the most part, those with a mental illness and those without such an illness living together in the same buildings or the same complexes. And so on, through all aspects of the community design, through to dedicated employment opportunities and access to the arts for those with an illness.

This explicit sense of purpose is similarly necessary for sustaining the therapeutic dynamic – ensuring understanding and bringing the strength of community to bear. Without this leading commitment and its articulation, those with a serious mental illness risk being marginalized.

Riverview Village might then become a kind of nice place to live, but the unique opportunity for something more meaningful for those with a mental illness, made possible by the availability of the Lands, will have been thrown away. The provision of a therapeutic model for the rest of the world will also be lost.

*For more discussion of the intentional community for the Riverview Lands as outlined here, please see the Riverview Village Project proposal, and also a questions and answers document elaborating on it, on our website at [www.riverviewvillage.ca](http://www.riverviewvillage.ca).*

**RECOMMENDATION 1:** That B.C. Housing reformulate its section on “Mental Health Care” to deal specifically with mental health care as such, and so eliminate any confusion between mental health services and the dynamics of a community, the latter being dealt with in subsequent sections.

**RECOMMENDATION 2:** That B.C.Housing add a new Section 3, “An Intentional Community,” namely an intentional community for those with a serious mental illness. Interaction with those without an illness, meaningful and lasting relationships, a sense of belonging, community animation, and so on would be articulated in this section, along with the clinical rationale. The ideas of a complete community and of integrated housing, which are part of the “intentional community” concept in this case, can either be folded into this new Section 3 or rewritten with the context of an intentional community kept in mind.

**RECOMMENDATION 3:** However which way a revised vision statement might be reorganized, that the objective of an intentional community for those with a serious mental illness be made the leading framework for the Lands south of the North Health Precinct.

**RECOMMENDATION 4:** That as part of their planning exercise, B.C. Housing underwrite a conference on intentional communities and co-housing generally, to further the understanding of the concept and generate new ideas that arise from it; and also, as a key part of their planning, B.C. Housing retain consultants and appoint an advisory committee with specific expertise in building inclusive communities with therapeutic and social objectives and in their practical requirements.

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