Riverview Village Intentional Community Society

Alignment of the Riverview Village Intentional Community proposal (July 2014 and subsequently) and the Higenbottam recommendations adopted by the City of Coquitlam (June 2014)

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(At the October 11, 2016 meeting of the City of Coquitlam's Riverview Lands Advisory Committee, vice-chair Dennis Marsden suggested the Riverview Village Intentional Community Society prepare a document for the Committee on how the proposal for a therapeutic village on the Lands aligns with John Higenbottam's proposal for a "health campus" adopted by the City in 2014.)

Recommended reading

- "Into the Future: the Coquitlam Health Campus," John Higenbottam for the City of Coquitlam, June 2014
- "Riverview Village: An innovative, ground-breaking community for the Riverview Lands," Herschel Hardin, Riverview Village Project, July 2014
- "Questions and Answers," Riverview Village Project, March 2015
- "Intentional communities with therapeutic or developmental objectives," Riverview Village Project, September, 2016

Introduction

The two proposals share a profound similarity in their basic impulse and hence in their objective: to help the seriously mentally ill. The context for both of them is also the same: the suffering and social dislocation caused by the closure of Riverview Hospital without sufficient provisions for the most seriously affected, discharged into the urban landscape at large. A parallel objective is also shared: that Riverview's legacy of helping the mentally ill be sustained into the future.

They also share another profound premise: that the Lands be used for the public interest rather than for private interests. Allowance is made, in their respective plans, for some of the Lands to be allocated to private commercial activity, but only as an integral part of the mix of the overall public-interest objective.

The modalities do differ because they address different aspects of the same challenge with a different kind of response: an institutional initiative on the one hand, a unique intentional community on the other. The "Health Campus" (Higenbottam) idea begins with a tertiary psychiatric facility and then adds some transitional housing, while the village proposal begins with the therapeutic community and expands from there. Yet our having said that, there is good symbiosis between the two, as we'll see.

The symbiosis derives from more than just their common cause of helping the seriously mentally ill. The basics of the two proposals complement each other clinically, on the ground. The new purpose-built tertiary facilities on the Lands (in the Health Campus proposal) add, in a more specialized way, to the acute and tertiary treatment and care elsewhere in the Lower Mainland, helping those with an illness achieve stability. The therapeutic village (the Riverview Village proposal) carries on with the enduring "negative" symptoms of schizophrenia and similar chronic symptoms of severe bipolar disorder and anxiety, helping at the same time to maintain the patients' stability achieved in tertiary.

Where the two proposals align or dovetail

- The leading idea of the Health Campus, now made manifest, in part, in the imminent move of the Burnaby Mental Health and Addictions Centre to a purpose-built facility on the Lands, isn't in conflict with the Riverview Village proposal. In any case, the placement of the facility on the Lands is a *fait accompli*. In addition, Fraser Health's tertiary units (60 beds) are already on the Lands.

  (Note that the concurrent disorders facility by itself doesn't cover the whole of the Higenbottam tertiary concept – a "co-location" including some severely ill patients without a concurrent disorder, with the scale of the combined facility allowing for the envisaged specialization. This would respond to a growing feeling that for a small but difficult cohort, institutional long-term treatment is required. The Riverview Village proposal, which is apart from what B.C. Housing has established as the "health precinct," doesn't exclude this tertiary extension.).

- The Health Campus suggestions for transitional housing align thematically with the overall and much larger Riverview Village housing plans for those with a serious mental illness. The Health Campus proposal calls for the "areas occupied by residential cottages and the various lodges such as Brookside and Leeside be dedicated to supporting clients who require either long-term supported living or an extended stay in a rehabilitation/recovery environment as a preparation to returning to community." In the Riverview Village proposal, "long-term supported living" and "extended stay in a rehabilitation/recovery environment" – to use the same wording – are seamlessly built into the structure and purpose of the proposed Village itself. The Village also provides for ongoing adaptability. Support will be provided in a variety of ways, from dedicated and staffed transitional units (B.C. Housing has placed these within the health precinct), to an intensive ACT team (mobile "tertiary" care) and a less intensive community mental health team. Also included in the Village proposal are all of its community support and rehabilitation elements (interaction with those who are well, network of relationships, community animation staff, arts connection, work possibilities,

shared programs like gardening and sports, and much else) that the Village will bring to the seriously mentally ill, and that make up the Village's very purpose.

- The Health Campus recommendations include, as well, a "long-term residential [program]" for the relatively small, but significant, cohort of the most seriously affected and unstable. "Long-term" isn't defined, but in a conversation with John Higenbottam, he indicated it could be up to a lifetime. Fraser Health's Connolly and Cottonwood lodges, already on the Lands, provide some of that specialized long-term residential care, as the Health Campus document also noted. The posted average stay is 24-36 months, but this isn't realistic for everyone, and some of the residents, former Riverview Hospital residents, have been in the lodges ever since the hospital began closing down many years ago.

  The Riverview Village intentional community will dovetail with the lodges, with the Village being one of the options for those ready to leave the lodges' tertiary care for life in the community. Two-way linkage with the lodges will preferably also kick in. in case tertiary care is required again for the person, say if they lost stability or otherwise couldn't manage and needed to return to tertiary, at least for a period.

- Allowance for some commercial activity is shared by the two proposals, although the kinds of activity envisaged and their scope vary. The Riverview Village proposal suggests possible commercial use of some of the buildings along the Lougheed Highway, but "always taking into account the Village's larger objectives, including work possibilities for those with an illness." The Village proper would also have limited, appropriate retail businesses plus a special category of small arts, crafts, and design studios/shops in conjunction with the creation of an "arts hub" and the engagement and training of those with a mental illness as part of ongoing engagement and rehabilitation. Meaningful work for those among the mentally ill who can manage – in the arts hub, retail businesses, the envisaged horticultural centre and museum, building and grounds maintenance, and wherever else it can be established – is a key element of the Village's rehabilitation concept.

  Some of the commercial "business park" activities outlined in the Health Campus document might fit into the Village, especially those closely aligned to the needs of residents with a mental illness, but the Village proposal does not encompass a full-blown business park along the lines suggested by the Health Campus document. (B.C. Housing, in its December 2015 "Vision" document, has included several elements of the proposed business park within the health precinct, specifically doctors' offices, complementary private addiction/ rehabilitation facilities, and other clinical facilities.)

- Protection of the arboretum is shared.

- A small community centre is shared.

- Recreational use of the parkland, open to the whole community, is shared.

Where the two proposals are parallel

Both proposals have research and education components, with each one, however, reflecting their respective overall concepts. The Health Campus calls for “a mental health, health and wellness education and training centre…. developed in conjunction with colleges and universities.” In the proposed Riverview Village, research, education and training will be generated organically by the dynamics of the Village itself. For example, all those without an illness who would like to live in the Village will take an intensive, multi-part education course in mental illness and in understanding those who struggle with it. Add peer education and support programs for those with an illness themselves. The Village being a major innovation, research into its dynamic and evolution will follow almost inevitability. Indeed, we have already been approached about research should the Village be created. Everyone, from those in mental health and addictions services, to social scientists, community planners, family members interested in mental illness, and the community at large will be interested in how it is working out. This interest, by the way, will be world-wide. Based on examples in other fields, one can anticipate organized workshops for those in other provinces and countries interested in replicating or adapting the Riverview Village experience. Riverview could become a centre and clearing house of research on intentional communities, including co-housing, for the seriously mentally ill.

The elements in the Health Campus proposal not included, even in part or in parallel, in the Riverview Village proposal.

There is only one such element: the acute care hospital.

The elements in the Riverview Village proposal not included, even in part or in parallel, in the Health Campus proposal.

The intentional community and its dynamic, the integrated mixed population, and the clinical and psycho-social rationale behind the proposal are not included in the Health Campus proposal, nor are the Village’s various secondary aspects. These include work possibilities for those with an illness, the suggested arts hub, shared programs and activities, the horticultural centre, rehabilitation of key heritage buildings if possible, and the proposed museum of mental illness.

This isn't surprising given the Riverview Village proposal or anything like it had not surfaced or been discussed before the Health Campus proposal was completed and came before the City of Coquitlam.

The question we were asked to address, however, was whether the two proposals are aligned and, of course, in the essential objective of helping the seriously mentally ill and in the clinical span from tertiary to post-discharge chronic symptoms and challenges, they are.

On the physical space: If one accepts that the idea of an acute care hospital on the Lands is not going to be implemented, then creating a therapeutic intentional community can easily be combined with a health campus embodied in the existing tertiary lodges, new concurrent disorders facility, and additional tertiary beds. B.C. Housing has already made this accommodation in effect in its December 2015 Vision document, with its delineation of a "North Health Precinct" and a "Village Centre Precinct."

On the matter of treatment and rehabilitation of the seriously mentally ill, the two proposals are synchronous. The concurrent disorders facility and tertiary lodges (of the Health Campus proposal) and the intentional community (of the Riverview Village proposal) are part of a common continuum from acute care to tertiary care to rehabilitation to transition to long-term housing and care to community connection and a sense of belonging.

Indeed, the elements of the continuum are not exclusive of each other in a compartmentalized way but, with overlap and feedback loops, could be said to be fused. Stages of tertiary, as in many of the programs of Fraser Health and Vancouver Coastal, also involve rehabilitation. Community mental health, which is downstream of acute care and tertiary care, involves post-discharge treatment, monitoring, rehabilitation and support. Riverview Village itself will span a good part of the continuum, incorporating treatment (ACT teams, formally "tertiary" treatment), community mental health, rehabilitation writ large, housing, and a unique fabric of support and engagement particularly important in dealing with the long-term "negative" symptoms of schizophrenia, metabolic syndrome, and parallel chronic symptoms of bipolar 1, major depression, and severe anxiety. It's treatment by another name. ""Community itself is a core healing modality," as an American expert on intentional therapeutic communities put it,

The engagement and self-esteem that the intentional community will bring, plus monitoring by neighbours and community animation staff, will also help people stay on their medication and prevent relapse. Where relapse occurs, the community support will help get people quickly into acute care. Keep in mind the context: People stopping their medication and delayed response to relapse have been key factors in the degradation of many severely mentally ill that followed the closing down of Riverview's residential capacity. The intentionality of the Village community helps to remedy this.

The Village generally, by reinforcing stability and adding to engagement, will take pressure off of tertiary and acute treatment facilities.

Finally, the linkages as envisaged, will not be restricted to the Riverview Lands alone, but will extend across the Lower Mainland, following need, circumstance, and the particular value of the therapeutic intentional community. The continuum from treatment to community, in other words, won't be a narrow band contained within Riverview's boundaries, but will be a broad continuum covering the Lower Mainland as a whole. The Village, in this continuum, will be both a unique resource and a housing option. Patients being discharged from acute care and tertiary care in the Vancouver Coastal and Fraser Health systems, for example, may be placed in the Village. Others being discharged from tertiary or acute care, including tertiary at Riverview, might take a different route, to transitional and other supported housing in different parts of the Lower Mainland, and on from there.

Conclusion

There is good symbiosis between the two proposals and no basic conflict. Supporters of the main thrust of the Health Campus proposal can, at the same time, also support the Riverview Village proposal and the idea of a therapeutic community.