Riverview Village Project

Feedback on Renewing Riverview's Fourth Open House, June 10, 2015

[Members of the June 10 panel, whose presentations anchored the Open House, were Dr. Julian Somers, clinical psychologist, SFU; Darrell Burnham, chief executive officer, Coast Mental Health; Brent Toderian, Toderian UrbanWorks and former chief planner at the City of Vancouver, and Dr. Tsur Somerville, director of the UBC Centre for Urban Economics. Moderator was Gordon Price, director of the City Program at SFU. Attending the Open House for the Riverview Village Project were Herschel Hardin, coordinator; Ric Matthews, former executive director, First United Church; Sean Flynn, psychiatrist, Grandview Woodlands Mental Health Team, and Keith Johnston, lawyer.]

We were encouraged by the presentations of the panel, which in considerable part supported the logic of our Riverview Village proposal. We were also encouraged by the speakers from the floor, even where their remarks might have been at odds with what we envision. The panel format and subject matter engaged everyone in considering some of the basic variables in renewing the Lands. This has moved things forward.

There were some areas of considerable agreement, providing a basis for the next stage:

1. Preservation of the tree collection. Nobody that we heard from during the evening was against preservation of the tree collection (or "arboretum," as it's sometimes referred to). Those most concerned with the trees can rest assured. We ourselves are committed to the arboretum's preservation as an integral part of our proposed Riverview Village. It's worth keeping in mind that at its peak there were 4,700 patients at Riverview and 2,200 staff, and yet the tree collection, even then, was never under threat. The aesthetic value of the trees was enhanced by having people living on the Lands who could enjoy, every day, the splendour and sense of tranquillity the trees provided. This was especially so for the patients.

2. Riverview must serve the mentally ill. There was widespread agreement on this.

3. A pressing need for those with a mental illness is dealing with their post-acute, post-discharge stage. Articulation of this came mostly from the "clinical" experts on the panel, Julian Somers and Darrell Burnham. Darrell put it most succinctly when he pointed out that, these days, people with a severe mental illness are usually in acute care "for weeks, not months, not years." Implicit in the remark was that we need to pay much more attention to helping them in the rest of their lives. In this long term, dealing with ongoing residual symptoms, especially in cases of schizophrenia, is a major therapeutic need. We ourselves, when we spoke, addressed the residual "negative" symptoms of the severely ill and their seriousness and implications, and pointed out that with the introduction of anti-psychotics, the old Riverview Hospital context, where dealing with acute symptoms dominated, has changed.

There was probably a gap in common understanding among the many parties at the Open House, about this aspect of severe mental illness. On the one hand we have Somers, Burnham, ourselves and many others who are intimately familiar with the challenges of the severely ill over the long term and the personal tragedies and economic costs (relapse and return to hospital, justice system costs, etc.) of not giving those often life-long stages of the illness adequate weight. On the other hand, there would be people who identify mental illness with its graphic psychotic episodes, for which acute-care hospital treatment is needed, but who might not know much at all about the post-acute, post-discharge phase of the illness and its seriousness and consequences. It would probably be useful, then, in trying to establish consensus, to try closing this gap in understanding.

Areas where there wasn't agreement, but which could bear with further discussion, included:

4. Those with a mental illness should not be ghettoized. This wasn't a major element of the presentations, but did come up in the comments of Somers and Burnham and also in some informal conversations we had personally after the Open House had formally ended. There appear to be a couple of disconnects here which need to be bridged. Many people participating in the renewal process who seem to be agreeable to those with a mental illness living on the Lands are nevertheless opposed to others living on the Lands. Effectively, this means the mentally ill would be "ghettoized," something that those involved with the mentally ill want to avoid.

Similarly, many people on the preservation side, hearkening back to the old days and an historic idea of Riverview, might accept hospital staff living on the Lands, as many staff did in the hospital era. They nevertheless push back against the idea, in our Riverview Village proposal, of a segment of those who are well (roughly equal to those who are ill) living on the Lands, although they, too, are an integral part of the therapeutic concept. To a certain extent, this derives from thinking of helping the mentally ill only in hospital terms (psychosis, acute care, tertiary care), rather than also in community terms (anti-psychotics, residual symptoms, power of community, relationships, sense of belonging).

5. Variables for helping to underwrite the expenses of rebuilding and maintaining a renewed Riverview. This one generated the most forceful opposition. One person, as you recall, even told Tsur Somerville, the presenter on the subject, who spoke of "trade-offs," that they were offended with his simply being on the panel. It's not clear whether or not this opposition to the so-called economic trade-offs includes opposition to commercial use of some of the buildings along the Loughheed Highway corridor and continued use by the film industry. This limited commercial use is an element in both our proposal and John Higenbottam's.

Let's for the time being, however, exclude that element and focus on the rest of the Lands. For us, at the Riverview Village Project, there is no trade-off involved. Those who are well living on the Lands and providing market-rate rental revenue are an integral part of our intentional community concept. The idea of "trade-off" and what it suggests (selling the soul of Riverview, or even a slice of it, for a mess of pottage) doesn't apply.

One aspect was missing from the conversation:

6. The need for an "intentional" core team. Within the context of a community which includes those with a serious mental illness, it's essential there be a core staff team to ensure ongoing community integration and inclusivity and to help residents deal with any problems (eruptions, disruptions, moments that challenge everyone's comfort) that might arise. To achieve the inclusion we envision – not just acceptance and tolerance, but where everyone is valued and lasting relationships can develop – requires intentional sustained effort.

This touches on the dynamics of an intentional community, a dimension we hope will be given specific attention in subsequent Open Houses.

In sum:

1. There is much common ground.
2. Some of the disagreements can hopefully be bridged with more discussion.
3. The Fourth Open House was quite effective in moving the renewal process forward.

July 6, 2015