Feminist Services and Research

Mental Health Collectives: Cooperation for Survival

ABSTRACT/RESUME

Cette présentation décrit l'histoire et la crise financière actuelle du Toronto Women's Counselling Referral and Education Centre (WCREC). Le WCREC sert à référer à des spécialistes non-sexistes les femmes ayant besoin de soins et, en général, tente de combler le vide dans les services de santé mentale pour femmes, surtout en ce qui concerne les femmes immigrantes, les femmes à faible revenu et les mères célibataires. En plus, le WCREC favorise les alternatives aux techniques traditionnelles, tels que les groupes de soutien que des femmes maltraitées organisent d'elles-mêmes, etc. Il constitue une alternative féministe essentielle au système d'assurance maladie, fondé sur la loi du profit.

I come from a service in Toronto called the Women's Counselling Referral and Education Centre. We are known as WCREC for short, and I'd like to tell you who we are, what we have accomplished, why we may soon become extinct and how all of this relates to you. Our situation does relate to you very directly. As women, we are all affected by the cutbacks in women's services and you as academic and professional women have the tools and skills that we need in our struggle for survival.

Let me start by describing WCREC. The WCREC was established in 1976 as a three year demonstration project by Health and Welfare, Canada. It was due to the hard work of feminists in Non-Medical Use of Drugs, now the Department of Promotion and Prevention, that this innovative women's service was initially funded. With a staff of six salaried workers and a budget of $80,000 a year, WCREC has provided non-sexist therapy referrals to nearly

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3,000 women. We have 250 therapists in our files, each of whom has been interviewed in person and in depth about her/his attitudes about the issues affecting women. The WCREC seal of approval is hard won and the interview itself becomes a consciousness-
raising experience for many therapists. Referrals are not given indiscriminately; we provide a matching process for each woman who requests a referral during an intensive one-hour interview session. Consumer education is one of our goals so we use part of this hour session to discuss clients' rights in a therapy context as well as alternatives to therapy such as massage, self-help and political action groups. As part of our broad public education program, we have written a handbook on therapy for women called, "Through The Therapy Maze, A Guide to Mental Health Services for Women," which will be published by Lester and Orpin in 1979.

WCREC was established by a group of psychologists, social workers and community workers in Toronto who met as a working collective, for over two years until the collective was funded in 1976 and a staff was hired. WCREC was proposed in response to the obvious gaps in mental health services for women, especially immigrant women, low income women and sole support mothers. One of our major priorities has been to reach out to these women and to provide services for them through the constant search for low cost, non-sexist counsellors. We have also developed special programs to meet the needs of immigrant and low income women in conjunction with such innovative programs as Focus on Change and Opportunity for Advancement.

One of the most exciting components of WCREC has been the development of alternatives to traditional therapeutic techniques. WCREC has sponsored the growth of self-help support groups as a low cost means of bringing women together to find ways of dealing more effectively with their common problems. These small groups meet for mutual support in members' homes and operate like leaderless consciousness-raising groups. Sometimes the group acts as a complement to individual therapy; often the group acts in a preventative manner and obviates the need for more serious therapy. With WCREC's assistance, a volunteer self-help collective has organized and facilitated over two dozen emotional self-help/support groups during the last 18 months. WCREC has initiated certain self-help/support groups for specific problems such as battering and compulsive eating. As domestic violence becomes more visible, more and more women come to WCREC to ask for emotional support in dealing with intolerable home situations. In response to these calls, WCREC initiated and facilitated the first support group for battered women in Toronto.

This, then, is the work that I have been involved in for the past three years. Our federal grant which is non-renewable, will expire on November 30th. WCREC is in a state of financial crisis. To maintain at least the referral component of our
service, we applied for an allocation of $60,000 from the Ontario Ministry of Health. The Ministry of Health is presently emphasizing community resources for ex-psychiatric patients. Although WCREC sees a significant number of ex-psychiatric patients, our priority has been prevention through education and referral to health and community resources. WCREC's prospects of receiving core funding from the Ministry of Health are bleak. We are still fighting. We have mounted a large publicity campaign, have received much favourable coverage in the press, support from community groups and hundreds of concerned individuals and have been lobbying politicians intensively. In addition, we have circulated hundreds of petitions and form letters directed at the Minister of Health. Applications for funds have also been sent to the United Way for alternatives to therapy (i.e., Self Help) component and to the Ministry of Community and Social Services for a program directed at low income women. However, these funding sources are contingent upon core funding from the Ministry of Health. Short of a miracle, on November 30th, we will be faced with the choice of either closing our doors, turning women away and orchestrating a large public protest or moving to a small office and operating a volunteer service. The women who staff WCREC are deeply committed to the continuation of a service which has a crucial role in preserving the mental health of the women of our community. If our centre does close, women in emotional distress will be deprived of the wealth of information we have accumulated which should continue to be freely available. Yet the broad political implications of transforming WCREC into a volunteer service are serious. I believe that the government has a responsibility to fund women's services and we set a dangerous precedent by passing a circumscribed service on to volunteers.

Let us now look at WCREC in relation to the entire health care system. It is important for us to remember that WCREC is an alternative to a profit-oriented health care system which is a complex and alienating structure. Health care is one of the most profitable industries in Canada. Women's physical and mental health needs are fragmented by a system which operates in general to preserve the status quo, that is, the oppression of women in our society. Barbara Ehrenreich and Deirdre English describe the health care system from a feminist viewpoint in their book, *For Her Own Good*:

The great romance between women and the experts was over, and it ended because the experts had betrayed the trust that women had put in them. Claiming the purity of science, they had persisted in the commercialism inherent in a commoditized system of healing. Claiming the objectivity of science, they had advanced the
doctrines of sexual romanticism. They turned out not to be scientists—for all their talk of data, laboratory findings, clinical trials—but apologists for the status quo.(1)

Feminists have analysed the medical system and revealed its inherent sexism in books such as, *Women Look at Psychiatry* by Dorothy E. Smith and Sara J. David,(2)*Our Bodies, Ourselves* by the Boston Women's Health Collective,(3)*Of Woman Born* by Adrienne Rich.(4) Obviously there is a connection between the emotional and physical stress women experience as a consequence of their constant struggle for survival and the treatment they receive at the hands of the male "experts." It is to maintain the status quo that the experts keep women doped at home with prescription tranquilizers rather than offer the supportive counselling and community resources which make it possible for women to fully develop their individual potential.

Feminists are building alternatives to the traditional health care system. A great deal of valuable work has been accomplished in the States, particularly in Boston where dozens of feminist therapy collectives are successfully operating. Feminist therapists and counsellors are working independently or in small groups in Toronto, Montreal, Ottawa and Vancouver. WCREC has promoted and developed feminist therapy over the last three years in Toronto. Feminist therapy, provides us with a pro-woman alternative to traditional therapy modes which usually reflect sex role stereotyping and oppressive assumptions about women's goals.

We are all here today because we are engaged in a common struggle. Women in university settings and those of us in direct service are working for the same goals: the elimination of sex role stereotyping and the true equalization of opportunity for women. I believe that it is crucial for us to communicate with each other and coordinate our efforts.

Women who choose academic careers experience strong pressures. It takes a courageous woman to break into fields and University departments which have been traditionally controlled by men or patriarchial ways of viewing the discipline. In recent years, feminists in University settings have challenged traditional methodologies and have begun to establish alternatives which emerge from the real experience of women. Books like *Women in Canada* edited by Marylee Stephenson,(5)*Another Voice, Feminist Perspectives on Social Life and Social Science* by Marcia Millman and Rosabeth Moss Kanter,(6) and *Female of the Species* by Martin and Voorhies(7) have radically altered our concepts of value-free scientific
investigation.

I am here today because I believe that it is essential that professional and academic women and those of us involved in feminist women's services speak more directly and honestly with each other. Until yesterday when I met Linda Light and Helga Jacobson, I thought that my ideas were visionary. Linda's work with the Vancouver Women's Health Collective represents exactly the kind of approach feminist services need. Those of us in direct service, who deal daily with the trauma women experience through battering, rape and psychological violence want to be able to use the information that women researchers are compiling. Women's services, particularly those funded as demonstration projects, are very vulnerable; in times of general cutbacks in social services, ours are the most expendable. It is important that your frame of reference as researchers relates to our concrete needs. Without research and evaluation in a feminist context we can not get the government funds we require for our continued existence. Out of our experience with WCREC's evaluation, we learned some very basic principles the hard way:

1. a feminist service must be evaluated from a feminist perspective;
2. the evaluation component must be integrated into the working service by the staff;
3. women's services must be evaluated in terms of survival needs.

I cannot promise you a happy ending but I do know that the future of WCREC is important to all women. Services created by women for women must not disappear.

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