

Although a meaningful evaluation of the directions being taken by collaborative pan-European academic ventures is premature at this state, the initial prospects are promising. Many academic sacred cows are being re-examined. Some, such as the inalienable right of an institution to hold exclusive control over examination procedures are being modified through the formation of joint boards. Others, for example, maintaining academics' freedom to innovate and dissent have been reaffirmed. Unnecessary competition engendered by professional jealousies and interinstitutional rivalries has been reduced through collaborative work. Staff and students are having their understanding of working in other cultures tested by having to negotiate appropriate learning opportunities for themselves and practice their trade in other contexts (Cannan *et al.*, 1990). Then there are the predictable problems to overcome. These include finding funds for these ventures, releasing staff to develop such initiatives in under-resourced and overstretched social work agencies and educational establishments, finding time to acquire other language skills and knowledge of different countries' social systems and traditions and ensuring that the students who participate in exchange schemes have a rewarding and stimulating experience which meets their personal interests as well as the academic requirements of their course.

The development of pan-European collaborative networks respecting the integrity of different individuals, societies and cultures as an integral component of their theory and practice can be significant for Canadians. They provide practical outcomes. Canadians may find these worth examining in formulating proposals progressing the thorny issue of recognizing Quebec's claim to sovereignty and 'distinct society status' in the wake of the Meech Lake Accord.

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## Do the Right Thing\* Right

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*This essay is condensed from a longer brief called "Do the Right Thing Right: An analysis of the consultation on community mental health services legislation undertaken by the Ontario Ministry of Health." It was presented to the public hearings on community mental health services legislation held across Ontario in April/May, 1990. The authors are indebted to all of the people who were interviewed during the document's development. Copies of the full text are available from David Reville, Queen's Park, Toronto, Ontario M7A 1A2.*

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In the spring of 1990 the community mental health branch of the Ontario Ministry of Health sponsored a public consultation on community mental health services legislation. This is an account of that consultation with specific reference to the involvement of people labelled mentally ill. We refer to individuals so labelled as "psychiatric consumers/survivors" rather than as "patients" or "clients." This signals our alignment with people who have experienced long-term psychiatric treatment as well as our sensitivity to philosophical disagreements which continue to divide the ex-psychiatric patient movement.

This essay begins with background information on consumer participation and community mental health services legislation. It moves to a sketch of findings from key informant interviews and attendance at the public hearings. It concludes with a brief account of consultation which the authors undertook as an experiment in alternative process, followed by recommendations made to the Graham legislative sub-committee about consumer/survivor participation in future public consultations. Our intent throughout is to contribute to the debate on "consumer participation" which is currently a significant policy issue within the health and social services fields.

## Background

Consumer participation in health issues began in Canada in the late 1960s (Warner, 1981). While participation by consumers of mental health services in

system planning and development is rare, support for the strategy is building. Nationally, the voluntary sector has taken a lead role (Pape, 1988a; Pape and Church, 1987; Hutchison *et al.*, 1986; Church, 1986; Hutchison *et al.*, 1985; Trainer and Church, 1984). The federal Ministers of both Secretary of State and Health and Welfare are on record in support of this policy direction (Church and Reville, 1988; Pape, 1988b). Thus, the importance of the consumer perspective on the design and delivery of mental health services is a key feature of a recent federal policy paper (Canada, 1988). The current plan for the mental health care system in Ontario (The Graham Report) strongly supports consumer participation in the on-going development and planning of mental health services (Ontario, 1988).

The need for some means by which consumers/survivors can be guaranteed the support they require to live with dignity in Ontario communities has been apparent for some time. A growing number of mental health activists believe that the provision of a range of community services should be mandated by legislation. In the fall of 1989 the Ministry of Health formed a legislative sub-committee on community mental health services legislation. Several months later this group produced a discussion paper on the topic. In February 1990 it officially announced a consultation process pertaining to the paper to be held in April and May, 1990. District Health Councils (DHCs) were given the responsibility for coordinating regional consultation meetings to be held in Thunder Bay, Sudbury, London, Hamilton, Kingston, Ottawa and Toronto. The sub-committee planned to travel to these communities to listen to presentations. DHC staff were asked to take an outreach role in ensuring consumer involvement in the process.

In 1989, a group calling itself Toronto Psychiatric Survivors (TPS) was formed. The emergence of TPS was closely related to the shift in government policy towards consumer participation; members recognized both opportunities and dangers in this development. How would people who were sometimes quite vulnerable deal with occupying decision-making roles? How would their voices be heard in the debate to set the organizational agenda? Operating from the Gerstein Crisis Centre, an activist named Pat Capponi began to address these concerns. Her strategy included consumer leadership training and "consumer sensitization" with the legislative sub-committee; that committee opened its membership to include two consumer/survivor representatives (Capponi, 1989a, 1989b). Preoccupied with these challenges, Pat and other members of TPS were slow to organize a consumer/survivor presence at the

public hearings.

- At this point the authors began to investigate the consultation. We had two clear goals:
- to encourage consumers/survivors to attend the hearings; and
- to document how the process of consumer participation was handled.

Our approach included sixty telephone interviews, attendance at the public hearings in Hamilton and Kingston, and an "exit interview" with a consumer/survivor self-help group which had sent members to one of the public meetings. Key informants included DHC staff, patient advocates and a snowball sample of other knowledgeable individuals. The group included an equal number of men and women from twenty communities. Detailed notes were kept of their responses to open-ended questions. These notes along with those from the meetings were then analyzed for common themes.

### Themes Arising from Interviews

Key informant interviews revealed four major difficulties with the consultation.

- People did not know about it in sufficient time to participate as they desired.
- People did not know that significant consumer participation was intended.
- Barriers to participation were not systematically and proactively broken down.
- The discussion paper did not frame the legislative issues so that consumers/survivors could address them.

#### *People Did Not Know About the Consultation*

From the perspective of people in local communities the consultation was convened much too quickly—especially for those involved in the early sessions. Many of our key informants did not know about it at all; others did not know in sufficient time to deliver the kind of participation they desired. Because of its limited organization, the consumer/survivor sector was more disadvantaged by this hastiness than the service provider sector. One outcome was that people did not develop a sense of ownership for the process; potential participants were often reluctant to get involved. The sense of alienation was perceptible even among the staff of DHCs. They were pleased to facilitate but had no apparent instructions to proactively initiate a process of involvement.

#### *People Did not Know That They Should Involve Consumers*

Written materials announcing the consultation frequently did not promote consumer participation

as a prominent feature of the process. DHCs either did not mention it at all when communicating with other groups or did not give it the emphasis it needed to solicit participation. Consumer groups which were reached often found that the consultation information was presented to them in a way which discouraged rather than engaged their participation. So, for example, one self-help group received a letter in mid-March which indicated that their group had until the 28th of the month to reserve a five to ten minute slot for an oral presentation. In their initial discussion of the letter they decided that going all the way to another city for five minutes was not a priority for their time.

#### **Barriers to Participation Were not Removed**

Direct contact with consumers/survivors either in person or by phone to inform them of the consultation did not appear to be a priority for most DHC staff. Instead the basic strategy was organizational. This presented consumers/survivors with a number of significant difficulties.

#### **Some of us are hiding**

One of the primary tasks for each Council was to distribute written information to all of the individuals/groups on its mailing list. Unfortunately, this approach works primarily for service providers, and for consumers who are connected through services. Generally speaking, it does not take in independent (usually service-alienated) groups or individuals. Mailing lists tend to be heavily over-represented by provider groups. Most DHCs also inserted ads in newspapers and posted public notices. However, many consumers/survivors are poor; newspapers are not as fundamental a source of information for them as they are for middle-class service providers. Illiteracy may be a significant factor.

#### **Not just people in suits**

Part of the difficulty in finding consumers/survivors lay with organizers' definitions of who they are. DHCs frequently included family members (secondary consumers) on the same basis as people who have directly experienced the system (primary consumers). Many viewed the Canadian Mental Health Association (CMHA) as the consumer voice in their area. There was limited awareness of the fact that many consumers/survivors remain outside of organizations like the CMHA by deliberate political choice and/or because of structural barriers to their presence. The CMHA itself is uneasy about the challenge it faces on the issue of representation. Although organizational learning is taking place, the importance of facilitating a separate and often angry voice

may not be recognized. Unfamiliarity with this aspect of mental health politics created awkward moments and blind spots in the consultation organization.

#### **Is there any money?**

Some thought had been given to the cost implications of the consultation for consumers/survivors. Informally, the community mental health branch position was that if a lack of funds was a barrier to participation the Ministry would cover the cost through the DHCs. Unfortunately, local groups were not generally aware of these arrangements. DHCs appeared confused about how to handle the costs. They had no clear written guidelines for facilitating consumer participation through subsidization prior to organizing. The information they did have was not passed along in any systematic way.

#### **Meanwhile, on the edge of empire ...**

Central planners of the consultation process did not take into account the culture or the circumstances of people who live in areas which are not primarily urban. They made arrangements for meetings on the basis of assumptions which do not match rural/northern realities. Stakeholders from vast areas surrounding the seven meeting sites were required to travel long distances if they wished to attend the consultation in person.

#### **The Consultation Paper did not Adequately Frame the Issues**

The consultation discussion paper was largely inaccessible for reasons of both process and content. The first problem was that people did not receive it. Some people were still waiting for their copy within days of their presentation to the sub-committee. Needless to say this had a serious impact upon their ability to speak knowledgeably to the issues. As well, our interviews indicate that the thought of publicly discussing legislation was intimidating to both service providers and consumers alike. This was complicated by the fact that many people found the consultation paper to be complex and vague. Consumers/survivors had the biggest struggle in this regard. The questions posed by the paper had no particular relevance to life as they experience it. What they required was time to work through the technicalities, time which they did not get. Some people blamed themselves for not being able to understand the paper. They assumed that the issues were beyond their comprehension. The suggestion that perhaps it was the document which failed to communicate was liberating. The notion that they could bring their experience to the public consultation mobilized some groups which had previously felt paralyzed by the thought of involvement.

## Themes Arising from Consultation Meetings

The authors attended the public hearings in Hamilton and Kingston. About two weeks later, we held an "exit interview" with a self-help group which had sent several members to one of those consultations. These meetings revealed three issues for future consideration.

- The consultation environment should be known to consumers/survivors;
- The consultation process should be consumer-friendly; and
- The issues under discussion should be generated by consumers/survivors.

### *Known Environments*

All consultation meetings with consumers/survivors except for two were held in hotels. This arrangement symbolizes a culture gap which isolates this group from service providers and other citizens. They are separated by their feelings of exclusion, poverty and smallness when they attempt to participate with people who are familiar with environments of comparative wealth and privilege. Thus, it is important that the logistics of meetings to suit the requirements of consumers/survivors. For example, most smoke heavily; medications make people thirsty and restless. A comfortable environment under these circumstances is one in which some conscious attention has been paid to practical arrangements for food, drink, and space.

### *Consumer-Friendly Process*

Most professionals are agenda-driven. By contrast, consumers/survivors who are beginning to speak out often have no exposure to the rules for speech and behavior which characterize professional/agency meetings. The experience generated by the Hamilton and Kingston consultations indicates that better consumer/survivor input is generated by a meeting organized around a speaker's list rather than a structured agenda. However, the structure was clearly less important than the role of the chairperson. Facilitating the participation of people who do not usually speak out requires someone no more deferential to professionals and family members than to service recipients. From our observations, this ideal was not always achieved by the consultation co-chairs.

### *Consumer/Survivor-Generated Issues*

By and large, service providers addressed the issues as they were framed by the consultation discussion paper. Consumers/survivors generally did not. The consumer voice in Hamilton and Kingston was frequently emotional. Consumers/survivors

talked primarily about their experience of the mental health system and their lives in the community. They talked about hate, prejudice and poverty, about self-help, capacity and power, about loss, suffering and struggle. They asked to be included. They cried; they paid tribute to each other. Some people were frustrated by this but the contribution we observed was legitimate.

Consumers/survivors advised the sub-committee and they attempted to redefine the topic. As requested in the discussion paper, they addressed themselves to other purposes for which legislation might be useful and other approaches which the sub-committee should consider.

## The Other Consultation

As a consequence of observing two consultation meetings the authors had serious questions about primary reliance on a process whereby one person addresses a large group of strangers. We were disturbed by watching people in fragile circumstances attempt to leap the gap between private and public in a single bound. We began to formulate some ideas for an alternate consultation process which would include personal outreach. It would begin with building trust. It would make use of small familiar groups. It would take place where people lived. It would be about the issues which concerned them.

Two weeks after their participation in the consultation, we met with fifteen members of a self-help group in the two small, smoke-filled rooms which are their meeting place. Everyone in the group had something to say. No one wanted to discuss the consultation paper but members were willing to discuss their lives. The three central issues consistently raised were income, housing and work. Most of the discussion was about two contradictions:

- the requirements of welfare or disability pension and the desire to work;
- the inaccessibility of subsidized housing and the substantial contribution which housing makes to emotional stability.

The centrality of these issues was confirmed for us by another group which we discovered through our networking. These individuals did not hear about the consultation in time to attend their regional meeting. But the contact that we had with them prompted them to write a letter. In it they identified income, housing, employment and other services such as groups and one-to-one counselling as priority issues. The letter was signed by twenty-three people; collectively they have 284 years of experience as consumers of mental health services.

## Recommendations

As a result of investigating the consultation on community mental health services legislation we created four recommendations for the Graham legislative sub-committee. These were presented to the committee by David Reville from his perspective as a psychiatric survivor and in his present role as Official Opposition Health Critic for the Ontario Legislature.

1. Consultations which include consumers/survivors should be developed with the following considerations in mind:

- the issues under discussion should be generated by consumers/survivors;
- the consultation environment should be known to consumers/survivors;
- the consultation process should be consumer/survivor friendly.

2. Planning authorities charged with the responsibility of implementing the recommendations of the Graham Report must allow for significant consumer/survivor input both as members of the planning authority and as active participants in the consultations such as planning authorities undertake.

3. Support for consumer/survivor organizing should be provided so that consumers/survivors can be represented on planning authorities and/or participate in planning authority consultations.

4. The staff and non-consumer/survivor members of planning authorities should receive consumer/survivor sensitization and training; particular emphasis must be placed on the techniques that foster, rather than discourage, participation by consumers/survivors.

These recommendations were made to the Graham sub-committee on legislation in the hope of improving future consultations. They have implications for health and social planning authorities as they seek to enable consumers/survivors to participate as members of planning authorities and as they develop empowering processes so that consumers/survivors may assist in the development of a better community mental health environment.

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## Corporate Taxation in Canada: A Background Paper

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### Introduction

The purpose of Canada's corporate tax system is to apply an annual levy on the business or property income or profits, from other sources, of firms resident in Canada. This sounds like a straightforward enough proposition but, of course, there is more to