Riverview Village Project

# Questions and answers

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## 1 – Community model or institutional model?

The Riverview Village Project envisages a multi-purpose community of those with a serious mental illness and those who are well, living integrated together on the Lands in an "intentional community." Its purpose: to help the seriously mentally ill break out of their isolation, put down roots, and have a real sense of belonging, with ground-breaking clinical as well as social benefits. "Serious mental illness" mentioned here refers to serious and persistent mental disorders, for example schizophrenia or bipolar 1.

This Q.&A. section, "Community model or institutional model?", discusses how the community model is such a good fit for the Lands and where, along with the Village, treatment facilities might fit in.

Q. What's the best option for the Riverview Lands – a community model (the proposed Riverview Village) or an institutional treatment model?
A. The Riverview Village community model makes the most sense as a priority for the Lands because the model grows out of the unique possibilities provided by the Lands, whereas institutional treatment facilities can be located anywhere.

Q. What do you mean in saying treatment facilities "can be located anywhere?"
A. Let's take psychiatric acute care. The best location for these extra beds is redeveloped acute care psychiatric wards. The Royal Columbian Hospital's redevelopment plan, for example, calls for an increase in the number of psychiatric beds from 30 to 55, almost double current capacity, plus 20 geriatric beds. The HOpe Centre acute psychiatric ward at Lions Gate Hospital in North Vancouver has room for many more beds than currently exist.

Q. Why is it so important that the Lands not be taken up by institutional care models?
A. With institutional treatment facilities in different locations throughout the Lower Mainland and B.C., treatment objectives can still be met, whereas without a Riverview Village, the innovative, ground-breaking possibilities of the Village for helping the seriously mentally ill will be forfeited. Instead of an aggregate benefit to those with a serious mental illness, there will be a major loss. The Lands provide a rare opportunity for an "intentional community" for the seriously mentally ill – the opportunity for a clinical and social breakthrough.

Q. Doesn't the problem of the chronic seriously ill who keep relapsing and going through the revolving acute-care door, most dramatically exemplified in the Downtown East Side, justify using the Riverview Lands for acute and tertiary treatment facilities?
A. Generally speaking, no, the contrary is the case. First, as described above, additional acute and tertiary treatment beds can be added in other locations. Second, and a key consideration: The "intentional community" proposed for the Riverview Lands is aimed at helping to resolve the

very problem cited. A sense of belonging, meaningful relationships with others, a window on creative and social activities, support and understanding throughout one's community, the kind of friendly "keeping an eye open" for others that only a village can provide, and non-threatening employment possibilities – all these, together with clinical support from community mental health, have the potential to break the intractable "vicious cycle" that has been so detrimental to those with a serous illness.

Q. What, then, lies behind demands, in some quarters, for more treatment beds on the Riverview Lands?
A. Such demands incorrectly conflate the need for more treatment beds with Riverview as a geographical and historical location, because the history and symbolism of the old Riverview of the past is associated with treatment. Keep in mind, as well, that the need for land isn't what has prevented the expansion of such treatment facilities. The obstacle to badly needed extra treatment beds has been the lack of funding for the physical plant and for clinical operations.

Q. Rumour has it that Vancouver Coastal's Burnaby Mental Health and Addictions Centre for concurrent disorders will be relocating to the northern end of Riverview, together with the Maples Adolescent Treatment Centre and the assessment centre for those with developmental disabilities and mental illness together. Are such facilities at Riverview a good idea? Do they conflict with the Riverview Village proposal?
A. Such facilities, tucked away at one end of the Lands, and even an additional specialized treatment centre, is compatible with the creation of the mixed, multi-purpose Village community on the rest of the Lands. There are already three Fraser Health tertiary lodges at that end of Riverview. It's important, though, such treatment facilities occupy just a small part of the Lands, with the Village being the key component.

## 2 – Development of the Village

This Q.&A. section, "Development of the Village," discusses ownership and management of the properties on the Lands.

Q. Who will own the townhouses, condos and/or apartments making up the Village?
A. As envisaged, the properties themselves (the land) will continue to be owned by the province, through B.C. Housing. The residential buildings themselves will be owned and managed by non-profit housing societies like Coast Mental Health, RainCity, and the New View Society, with long-term leases (65 years and up) from B.C. Housing for the land, in effect leaseholds.

Q. Are there any similar examples of such long-term leaseholds?
A. Yes, they're not all that unusual. Perhaps the best known local example is Granville Island, where the land has been owned by the federal government through the Central Mortgage and Housing Corporation, while all of the building reconstruction and improvements have been looked after by the leaseholders under their long-term arrangement with CMHC.

Q. Will developers be able to run roughshod over the Village in attempts to put more of the Lands under development and to optimize returns?
A. No. In this model, commercial developers don't even enter the picture. The non-profit ownership structure,made up of organizations dedicated to the well-being of the mentally ill, provides the best assurance for the protection of the integrity of the Lands and for their use as an "intentional community" for the mentally ill.

Q. What about the argument that wherever you have people paying market rates for their residences – in this case, by the residents who don't have an illness and have good incomes – then, by introducing the market mechanism, you open the door to developers?
A. The argument simply doesn't apply. It's a *non-sequitur* in this case. Rental revenue accrues to the non-profit housing societies, for the creation and maintenance of the Village.

Q. The Riverview Village model calls for many multi-purpose buildings. As envisaged, Centre Lawn, for example, would have not just apartments but also studios and some retail space. Who would be in charge of those spaces?
A. Good question. The same might be asked about some of the buildings along the Lougheed Highway corridor, to be rented out commercially, say for the film industry or bio-medical companies. B.C. Housing, as the ultimate landlord, might look after such commercial buildings. For the non-residential parts of the residential buildings and their immediate vicinity, on the other hand, our preference is to have those owned and managed by the respective housing societies or by those societies together in a consortium, because the function of those spaces (arts, artisanal crafts, performance and meeting spaces, coffee houses, and so on) are an integral part of the intentional community and the opening of its doors to the seriously mentally ill.

Q. Does the ownership structure of the Village mean that none of the residents will be owners?
A. Yes, that's correct. There are several reasons for this. It would allow everyone to have the same standing: those who are mentally ill, and unlikely to be able to afford ownership of a residence, along with those who are well. This avoids having two classes of residents with, potentially, different interests arising from some having ownership, for example, being concerned with resale value. Increases in the market value of residences, moreover, reflected in the rental rates, need to accrue to the housing societies through appropriate rent increases, as part of the revenue flow to sustain the Village. At the same time, regular renter leasing agreements (up to five or ten years), as well as month-by-month rentals, while providing for security of tenure, allow for more flexibility in people wanting to move if they decide the community isn't for them.

## 3 – The clinical story: a breakthrough for the seriously mentally ill

This Q & A section, "The clinical story: a breakthrough for the seriously mentally ill," discusses the crucial difference this community will make for those with an illness.

Q. What is the most serious dilemma facing those with a serious mental illness?
A. The absence of a "cure" for such illnesses. This is particularly a challenge for those with schizophrenia. Treatment does work, especially in controlling psychotic symptoms like delusions and hallucinations. Support services like community mental health teams, assertive community treatment, assured housing, and rehabilitation programs, together with medication on the clinical side, have greatly improved the lives of those with a serious mental disorder., generally speaking. Nevertheless, far too many remain dislocated and isolated and, often lacking insight into their illness, are subject to relapse. The suicide rate of those with an illness remains relatively high. So does vulnerability to substance abuse (addiction to street drugs or alcohol). Even many who are able to manage their illness end up isolated, are plagued by residual symptoms like lethargy, lack of motivation, and anxiety; suffer from the lack of meaningful relationships, and have their horizons limited.

Q. What does an "intentional community" bring to the seriously mentally ill that the above-mentioned programs and treatment options don't include?

A. Meaningful relationships with those who are well, a sense of belonging, support and understanding throughout the community, non-threatening employment, artistic, and social possibilities – genuine integration rather than isolation. The model brings the power of community to bear, a therapeutic component which so far has been ignored.

Q. How important is such a dynamic?
A. It's of crucial importance, both clinically and psychologically. It will help those who are ill centre themselves; reduce relapses and falling back into addiction; help avert tragedy; and, in breaking the isolation of those with an illness, open up horizons and enrich their lives.

Q. Are there benefits from the model over and above the immediate clinical ones?
A. Yes, the model provides an alternative to the "social epidemic" of recurrent psychosis and addiction and what comes with them – continuous police activity, unnecessary involvement of the courts, the cycle of acute and tertiary care (the "revolving door"), and degraded neighbourhoods.

Q. Will the Riverview Village community provide treatment as well?
A. Relationships and belonging are at the heart of the proposed "intentional community," but clinical help won't be excluded or downplayed. Mental health services will be provided by a community mental health team or by an ACT team, just as they would be elsewhere. Similarly, if someone relapses and becomes destabilized, treatment in psychiatric acute care will come into play, just as it would otherwise.

Q. How will mental health services benefit by the "intentional community" dynamic?
A. They will benefit in several ways. Because of the support and integration the community provides for those with an illness, and hence better stability and outcomes, the burden of care and monitoring by mental health teams will be less than otherwise. Psychiatric acute care will also benefit from lighter patient loads. Village residents, as friends and neighbours of those with an illness, will also serve as extra eyes in noticing any deterioration or psychosis, thereby helping mental health services to be pro-active in getting people who are decompensating back on track before their condition grows worse and treatment requirements escalate.

Q. Does this mean that in creating Riverview Village, we will at the same time be lessening the need for what might be described as a more institutional kind of care and lessening the need for acute care?
A. Yes, relative to the scale of the Village, but there may still be a need for an institutional long-term residential setting, in small and secure tertiary residences for a narrow cohort of those most severely affected. The clinical jury is out on this. Some psychiatrists argue that with ACT teams and their intensive supervision, often described as a "hospital without walls," the need for institutional long-term residential beds is minimal. Others maintain that for those most severely affected, even ACT teams are inadequate and, in fact, on occasion, ACT teams find themselves having to return a person to tertiary care. The benefits to the seriously mentally ill of the proposed 'intentional community" for the Riverview Lands, however, remain compelling regardless of that debate, as does the logic of using the Lands for just such a community.

## 4 – Economic aspects

This Q.&A. section, "Economic aspects," discusses how the various components of the proposal come together to meet the financial requirements of renewing the Riverview Lands.

Q. The provincial government has stipulated that any renewal of the Riverview Lands must break even. Will the proposed Riverview Village meet that requirement?

A. Yes, and perhaps better than any of the current alternatives. Costs of the housing for those with an illness will be provided for separately in the same way that such housing is provided for elsewhere – through capital housing grants, monthly allocations from disability allowances for rent, and rental supplements. Revenue will also be generated by the leasing of some of the buildings and spaces along the Lougheed Highway corridor for commercial use, like the fllm industry, as envisioned in the model. Government services on the lands, say a community mental health office, will also pay full market rates. Riverview Village, however, will also have an additional, key revenue source – market-rate rent by residents without an illness and with decent incomes, plus rents paid for studio, office, and retail space in mixed-purpose buildings.

Q. Why is such additional revenue necessary?
A. Such revenue is necessary to renew the Lands – to save, and redesign and/or reconstruct the interiors of, selected heritage buildings like Centre Lawn and East Lawn, to rehabilitate the long-neglected "arboretum" collection of trees, and for other renewal and iinnovations.

Q. Some people say that having residents without an illness living on the Lands will destroy the public purpose of the Lands and undermine their potential to help the seriously mentally ill. They just don't want any "market housing" on the Lands, period.
A. Those residents without an illness, in the model, are part of the therapeutic concept itself – the "intentional community." Their participation is integral to helping their neighbours with an illness and to providing the clinical breakthrough inherent in the model. Their housing, consequently, is better described as "community housing at market rates" rather than impersonal "market housing" as the term is generally understood. If such residents are earning decent incomes, moreover, it only makes sense they pay market rates and contribute, that way, to the renewal of the Lands.

Q. In the olden days, many hospital staff lived on the Lands. Is there a difference between that and your non-ill community residents living on the Lands?
A. Conceptually, in terms of those without an illness living on the lands, and also in terms of being an integral part of helping the mentally ill, there is no difference. There is, however, of course, a difference in modality, between the Village's community model and the old Riverview Hospital's institutional model.

Q. What's to stop the number of people without an illness living on the Lands being increased and increased again and again, in order to generate more net revenue?
A. The model itself prevents it, with 40 per cents of residents drawn from those with an illness, 40 per cent those without an illness, and the share of the remainder to be determined by how the model evolves. It's important to remember, moreover, that those without an illness aren't there to generate revenue. They're a component of the therapeutic model. The net revenue their rent will provide is a fortuitous by-product, generating the extra revenue within the intentional community and its therapeutic objectives rather than through unrelated "market housing" that might otherwise be imposed on the Lands to cover the costs of renewal. The model also forecloses the pressures developers might bring towards increasing market housing (see "Questions and Answers 2 – Development of the Village" for more details).

## 5 – Relationships and belonging

This Q.&A. section, "Relationships and belonging," provides extra detail on how the model will work.

Q. Interaction between those with an illness and those who are well is a key objective of the creation of the Village. How will these relationships develop?

A. The way all relationships develop, naturally and over time. The gradualness of it will also suit those with an illness.

Q. Are the residents without an illness expected to spend a given amount of time, say a minimum number of hours per week, with those who have an illness?
A. No. In any case, being obliged to spend time together is not the best way for relationships to develop. Relationships aren't established on order, but develop from paths crossing, seeing each other in different places, participating in events together, mentoring, working together, and so on. And don't underestimate curiosity: wanting to know about other people and their lives.

Q. Are there special factors that will add to interaction?
A. Yes, starting with who chooses to live in the community. People who self-select to live in the Village are going to be interested in being part of the community and its purpose. Otherwise, why would they choose to live there, given they (most of them) will be paying market rates, or close to market rates, for their residences, and hence could live elsewhere? Some of those choosing to live in the community, moreover, will have a prior, strong interest in the mentally ill, perhaps from having someone in their own family with an illness. Also, given the stigma associated with the seriously mentally ill – not justified, but there it is – it's not likely someone is going to want to live in the Village unless they're open-minded and genuinely interested in the community's objectives.

Q. Your proposal calls for a couple of social animators *cum* program directors in the community, with the possibility of adding a couple more depending on the scale of population. They would be Village staffers. What is their role?
A. Their function is to act as catalysts, facilitating interaction: helping those who are ill follow through on their interests by linking them to others in the community (shared interests, mentoring, classes with a well community member or artist/crafts person working in a studio on the Lands); helping to initiate community, social, and sports events that bring people together; scheduling small "coffee meetings" to help people get to know each other; facilitating employment arrangements; hanging out and keeping in touch with the diverse residents to know who's who and help make connections; encouraging those who have difficulty socializing and participating to become more active, perhaps going with them the first few times; connecting people to programs; liaising with mental health services, and so on. They can be thought of as the "engine room" of the community. Note, however, they're not meant to be in charge of the community and its events. It's up to the residents themselves to get involved and assume leadership. They will, however, as facilitators, help people make connections and add energy and ideas.

Q. Will community planning also play a role?
A. Yes, not just with the general layout of the Village but also in the juxtaposition of residences and the use of space. For a start, those who are ill and those who are well will not be hived off into separate areas of the Lands. but will be intermixed. The Village will be designed to promote common spaces, community activities, informal meeting places, and other interaction, while also providing special places for residents to sit quietly alone if they want. It's a matter of planners using their social imagination to help residents flourish.

Q. What will be required from those with studios, retail spaces, and commercial operations on the Lands?
A. Part and parcel of their being located on the Lands will be commitments to workshops and mentoring (in the case of artists and crafts people), and to providing employment opportunities where applicable, written into their respective commercial leases. Relationships will also develop throuugh work in the proposed horticultural centre and museum.

Q. Is there anything else that will further relationships?

A. Yes, the pleasure and reward of getting to know people with an illness and, in knowing them, sharing their stories, struggles and achievements. Those without an illness living in the Village will have their lives enriched by the experience and feel, justifiably, there's something special about being part of the community.

Q. Is Riverview too remote a location for an intentional community, so that people living there will feel isolated?
A. No, quite the opposite. Think of the vision of community at the core of the Riverview Village concept. In its current state, Riverview is lonely and largely abandoned. The "intentional community" we foresee, however, will be very different. Living in Riverview Village will be like living in a small town where everyone knows each other and there are all kinds of connections, people crossing paths, services, group activities (including gardening), employment opportunities (and working with others in that connection), access to the arts and crafts (complete with mentoring), meeting places, a performance space or two, interfaces with the larger public (through the museum and the arboreal/horticultural centre, for example), co-housing components, perhaps a satellite community mental health office, and above all relationships. Improved public transit, say with the addition of a shuttle bus, will provide connections to the larger city. And if something extra needs to be added? All the more reason to use one's ingenuity and make it happen in the Village.