

The guest blogs of Pat Capponi: 2012 -2014

Open Policy Ontario

Foreword

They departed a day apart: John Prine and Pat Capponi

On Sunday August 16, 1977, I drove my 1976 Honda Civic east on Kingston Road past Woodbine Avenue with no memory now what I may have been thinking about. I was listening to the radio.

A news flash came on –they didn’t call it ‘breaking’ back then. I don’t know what they called it but they said that Elvis Presley had died at the age of 42. I turned left on Brookside and stopped the car. I looked around and thought that some part of the world had come to an end.

Just a few weeks earlier I had been shopping at Canadian Tire and was able to buy two tape cassettes they called 8-tracks of the ‘King’ singing his greatest hits. The 8-tracks were in a bin where the last chance sales items were kept. Each cost \$1.95.

Many had thought that Elvis was washed up and had ceased to be relevant to the music scene. In a way they were right.

But Elvis’s career turned around mightily in death not so much because his music changed in any way but because he was a reference point in our lives. If you wanted the reference point to remain intact, you found a way to play the music of the King.

Early April 2020 was a reprise of the loss of the King. Both [Pat Capponi](#) and [John Prine](#) passed away, just one day apart on April 6 and April 7.

It was a double blow for a number of reasons.

Both were reference points for me just as Elvis was 43 years earlier. Reference points are reserved for the most important among us.

As a University Student at York University, I lived with John Prine in my head and as an aspiring amateur ‘campground level’ guitarist, I learned all the songs I was capable of playing. I won’t go through an inventory of his lyrics as they will be known well to most fans.

But his haunting lines like: “There’s a hole in Daddy’s arm where all the money goes” so exactly captures the sadness of addiction that it is hard not to see John Prine as a poet laureate to a generation of young people who lived during the end of the war in Viet Nam.

Pat Capponi was of the same generation of both John Prine and I and she chronicled the same truths in prose that Prine put to song.

Here is an offering from a blog that Pat asked me to put on my website in 2012:

*“We kept the secrets we were warned to keep. Because we knew we were to blame.
Because no one would believe us.*

*Some were driven mad by all those secrets. Some medicated the pain with crack or
heroin.*

*Women desperate for rescue, from themselves, from the streets, found themselves with
men who continued the abuse, whose fists punished, whose feet kicked ribs and head.*

*We felt we’d brought that on ourselves, we were stupid, we were trapped, nobody had
warned us about the endless cycle of violence that starts the moment someone trusted
betrays that trust.*

*Left to ourselves, never having justice or vengeance, never hearing, you were
wronged, we stagger on, from corner to corner, man to man, agency to agency, just
another anonymous face in the line-up, for a meal, a coffee, a winter coat.*

No safety, no hope, no self-love, no expectations other than the sameness of days.”

John Prine and Pat Capponi both wrote eloquently about despair and I am happy to let you know in this short piece, that Pat was a big fan of John Prine.

In later years, when a number of us decided to get together in the heady days of Ontario’s first poverty reduction strategy, people who were able at least to ‘carry a tune across a room’ as the saying goes, were invited to dust off their instruments and bring them along.

Pat and I always arrived early and it was at one of those early get togethers that Pat said:

“Hey, do you know any John Prine?”

I responded by starting the opening chords to “Hello in There” and Pat sat back with a deep smile. She wasn’t a singer but she sang all the words. Any line I forgot she knew.

These were the great memories of a generation. As Prine sang:

[“Memories they can’t be boughten, they can’t be won at carnivals for free”](#)

Pat Capponi and John Prine arrived about the same time and left a day apart.

And whether they actually met or not, I didn’t ask but it doesn’t matter. They knew each other well.

Js/April 19/2020

The blogs by Pat compiled here are in their order of appearance between 2012 and 2014.
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The Pat Capponi Open Policy blogs

Obscured by self...

(by Guest blogger Pat Capponi)

Pat Capponi is lead facilitator of Voices from the Street/Women Speak Out, and the author of numerous non-fiction and fiction books.

04Apr 2012

We are the intractable poor, those who've been years- sometimes decades on OW or ODSP, whose world is limited to agencies, drop-ins, food banks, Money Marts, and some of the worst housing Toronto has on offer.

Men and women with no future, no hope, broken by the struggle to simply survive, whose lives and deaths cause barely a ripple, no obituaries, no weeping relatives, no sign we were ever here, except for thick files in dusty cabinets, destined for shredders, in order to make room for new files, new clients, who will share the same sad fate.

We are the cast-offs, the social irritants, lying on grates through the winter, hanging in back alleyways, servicing Johns, on street corners pleading for change, lined up for hours for a loaf of bread, a can of tuna, a TTC ticket.

Our health declines, even more swiftly as we age, chronic illnesses find rich ground, prepared by years of abuse, hunger, street life, drugs and alcohol, STD's.

We are whipping boys (and girls), scapegoats, scourged from nice neighbourhoods, battered by cops and politicians, scorned by those who believe we're getting a free ride on their tax dollars.

Once we were innocent, babes in arms, that innocence was ripped away, by angry fathers and desperate mothers, by uncles and teachers and predators who smelled the vulnerability of victimized children, and feasted on that innocence. And there was no rescue, no one there to right the wrong, so many grew up believing we were at fault, we seduced the adults who touched us where no child should be touched, we caused the endless beatings, we deserved the verbal barrage that told us we were no good.

We kept the secrets we were warned to keep. Because we knew we were to blame.

Because no one would believe us.

Some were driven mad by all those secrets. Some medicated the pain with crack or heroin.

Women desperate for rescue, from themselves, from the streets, found themselves with men who continued the abuse, whose fists punished, whose feet kicked ribs and head.

We felt we'd brought that on ourselves, we were stupid, we were trapped, nobody had warned us about the endless cycle of violence that starts the moment someone trusted betrays that trust.

Left to ourselves, never having justice or vengeance, never hearing, you were wronged, we stagger on, from corner to corner, man to man, agency to agency, just another anonymous face in the line-up, for a meal, a coffee, a winter coat.

No safety, no hope, no self-love, no expectations other than the sameness of days.

But its never too late. We've found something that strengthens our resolve, makes us hope again in spite of ourselves.

We look across the table in a crowded room, as cramped as any drop-in, except this crowding is different, feels more like support than aggravation, we sit beside women and men who've shared the same downward path, who understand the grief, the sorrow, the pain which is our world.

There is something new and strange and wonderful happening, its scary and exciting, we listen eagerly as one by one people just like us stand up, and introduce themselves by telling their stories, guided by a facilitator who's lived the life, on a floor where men and women like us are working and empowered and driving cars, buying homes and condos, raising their children, often won back from CAS.

We revel in the newness, not hemmed in by dozens of rules governing behaviour, not watched over and controlled by well-dressed and well-fed staff fresh from university, but simply told: treat each other as you wish to be treated. And, no drama, no refusal to participate, everyone does the work to the best of their ability.

We hear what we've wanted to hear for the long miserable days and nights of our existence: there is no going back and changing what was done to you, but you can work to ensure that others don't have to go through what you had to endure.

We hear that the change we need is not just out there, but that it starts in us.

We hear, we need to get back the self-discipline to sit with others for hours without squabbling, without taking offence. We hear, you can pull each other up or pull each other down. We hear, way down deep in our souls, we hear that we can be fighters, achievers, change-agents, leaders and public speakers.

We hear, we see, we learn, we dare to hope. We go back to school, we study, we grow.

We talk to medical students about the effects of poverty on health, we work with psychiatric residents to improve their awareness of the world we live in and their need to advocate with us for housing and opportunity, we sit with police to find solutions other than shooting those who lose it on the streets, we go into universities to speak with nursing and social work students, we speak to government ministers and policy advisors, we fight for the right to work in social agencies and social services.

We are the men and women who make up the intractable poor, and we have found our voice.

Pat Capponi

April 3, 2012

How enlisting those with lived experience can improve the effectiveness and the functioning of agencies/drop-ins/institutions.

Important that staff work side by side with members of their target communities in order to view clients as people with potential and abilities. Years spent working on people in crisis or in need taint the way we view this population. (example: Out of this World Cafe, Parkdale Green Thumb)

Send a message of hope to the client group: it is possible to translate your negative experiences and your learning from mistakes and failures into a positive. That there is a way out of poverty and boredom, and a way to give back to your communities.

Agencies tolerate behaviours that are self-defeating, attention-getting from those who are starved for a human interaction, even a negative one, thinking they are being kind. The soft tyranny of low expectations.

Contribute to a renewed sense of urgency to get people moving forward rather than simply keeping them occupied with card and board games.

Bring a full understanding of the challenges, barriers, and conditions people live in, rather than simply blaming people for lack of cleanliness, or empty pockets, or needs.

Help people who have surplus powerless to begin to stretch themselves, experiment with speaking out, influencing others. Currently almost impossible in many places, fear of being seen as ungrateful, fear of consequences such as exclusion, or no longer being liked by a worker. Only asked to speak out when used as poster children for agency funding, where individual success is put forward as more about the help received than the individual triumph.

Encourage agencies to think outside the box about tackling hunger: going the extra mile literally, driving out to big box stores, buying fresh food in bulk, selling to members at cost. Preparing and freezing nutritious individual meals (hiring members to do so) then selling them at cost.

Bring real empathy into client-staff relations, and an awareness of the consequences of turning away someone in need, or being cold and abrupt to someone who may be making their first attempt to change their lives.

An unsustainable program (by Guest blogger Pat Capponi)

It seems simple, and I can understand the frustration as the numbers continue to rise and few people labelled mentally ill appear willing to take the steps necessary to leave the ODSP rolls. Without knowing this community, their history and their struggles, that frustration will continue.

My experience is with those who are labelled seriously mentally ill, with schizophrenia, manic depression, and PTSD, as well as those with long term addictions to drugs like crack cocaine. In this group, poverty is the norm, days are spent in drop-ins or waiting in packed agencies for assistance that never seems timely or appropriate.

These aren't people who can hide the toll taken on their bodies, spirits, minds and hopes by years of exclusion, dependence, and 'otherness'. They are carrying with them some of the most debilitating features of institutionalization, begun in the hospitals they found themselves in and continued in the community and the agencies responsible for their care.

The tale of community mental health, supportive housing and drop-ins is one of missed opportunities, and failure to recognize and tap the human potential all around them, Why does this matter?

People have had mirrored back to them their inability, vulnerability, and incapacity in almost all areas of their existence. The worst aspects of hospitalization, the lack of personal control over the simplest activity, from bathing to meal preparation to socialization, the inability to affect the rules and regulations governing them, the overly narrow lens used to define who they are and what they are capable of, the refusal to recognize and address the impact of poverty, isolation and the social determinants of health ensure a broken population will remain that way.

People who suffer from an excess of powerlessness cannot imagine a self-directed life.

It is not the same as feeling unwell, seeing a doctor and coming away with a diagnosis of diabetes, along with a roadmap for how to cope and integrate the illness in a productive life. For the SMI population, a label of schizophrenia or mood disorder feels like an ending to their story, they watch as friends drop away, their status in their families radically changes, and they feel as though they are permanently blocked from achieving the goals and dreams they've held since childhood.

Undoubtedly, their experiences in school and their attempts at work have been dreadful, and scarring. The general public does not do well with difference, especially since stereotypes of the mentally ill emphasize potential violence and bizarre behaviors.

For the individual who may have endured frightening episodes of psychosis, being constantly warned rather than supported in what is viewed as risk-taking, such as returning to school or taking up work, ensures the person is kept dependent, pensioned off and discouraged from achieving.

As a community, then, one which struggles to be seen and heard for all they are, we are learning that empowerment, engagement, and continuous learning are critical to growth. Without the ability to affect the programs that govern them, see themselves reflected on staff and boards, they have no sense of their own value as active participants in recovery. Rather than being a safe place to experiment with autonomy and involvement, voices are silenced and stilled.

Even those who purport to fight for our needs fail to understand the long-buried dreams of this population, charities ask only for an extra food allotment, services

declare more of the same are needed, we don't hear a whisper about the need to require better outcomes, to re-direct agencies away from simply controlling their clients to making them true partners, hiring role models to challenge negative assumptions held by staff and clients, and profiling their successes.

We have made significant strides in the SMI community, with social enterprises, with leadership development, we are speaking for ourselves to government, to police, and to CAMH, where we are helping to educate residents and working to improve the chronic care curriculum. The only sector that stubbornly persists in excluding our voices or relegating us to advisory roles is community mental health, where power is jealously guarded and kept out of our hands. Both the Human Rights and the Mental Health

Commission have related how prejudice and discrimination is firmly seated. In our helpers, this must be righted.

We are the government's natural ally in this fight. We are tired of the stress of living impoverished lives, tired of being surrounded by well-meaning nay-sayers.

Without substantial change in the attitudes of our helpers, without making room for us as equal participants, the numbers on ODSP will continue to rise, and much potential will never be realized,

Pat Capponi

January 28, 2013

Here is your diagnosis and your bullet proof vest: Wear it in poor health

(by Guest Blogger Pat Capponi)

04Aug 2013

“The only way I could think to do this was to ask myself if, God forbid, there is another shooting of a person with mental illness, what would we say we’d left undone?”

That was what I posed to myself, police board chair Alok Mukherjee and Deputy Chief Mike Federico Tuesday, July 23, as we met at headquarters to discuss future directions of the board’s mental health sub-committee, which Alok and I co-chair.

I am not speaking for the sub-committee or the Service or Alok.

Dr. Mukherjee and I work well together, he’s knowledgeable, soft-spoken and tenacious, all important qualities when trying to manage and advise a service that at times resists, and at other times goes the extra mile when it comes to our input.

Together with members of our sub-committee we have looked at the training scenarios developed at the Police College, we have made extensive recommendations for a radically changed approach, along the lines of:

- More concentration on de-escalation techniques, at least equal to the time spent on firearms training. Taking the necessary time on the way to the call to centre oneself, to make a plan of approach.
- And once at the call, not rushing in before properly assessing the real degree of danger to the individual and the officers.
- Just one officer should take the lead, not barking orders or making demands but speaking softly, reassuring the individual that the police are here to help him.
- Ensuring that others, police and ambulance and fire, are moved back, so that chaos is reduced, and other conversations quieted.
- Telling the person what is happening around them, explaining each step. If the person is not in trouble, telling them that. Never lie.
- Don’t ask about diagnosis or medications that may cause the individual to escalate.
- Stay in the moment. Help the subject concentrate on how to best end the standoff.

We are told these suggestions are now integrated into the training.

We have worked with the College to create a video with police speaking to police about EDP’s, some of these officers are family members, psychiatric survivors speak out about their experience of being arrested, handcuffed, and taken to the hospital or jail.

They describe what escalated their emotions, or triggered responses, and what helped to calm them. It's a powerful, prejudice cracking video. 5,000 working police will see that a year. It will be rolled out in September.

We are divided on Tasers, much like the wider community of mental health consumers. When we haven't really implemented de-escalation, it seems reaching for hi-voltage and sometimes lethal weapons is premature, and to many of us, reminiscent of the cattle prods used to control those we once labelled 'mentally retarded' in institutions.

We have worked with the MCIT (Mobile Crisis Intervention teams) and looked at the possibility of making them first responders, and heard that the nurses would not support that.

Insurance issues, we're told, would prevent people with lived experience being hired as part of the teams.

We asked about non-lethal protections that could be standard in police cars, riot shields, and that padding officers put on during civil unrest, we are told that is a no go.

I am speaking as a psychiatric survivor who has endured yet another very public shooting of a young man who really didn't have to die.

Of course, on first watching the video, Edmund Yu came to mind, his lonely death on a Toronto streetcar still reverberates in the community of psychiatric consumers.

But after repeated viewing, and reading the reports, I've come away with a very different take on this. To me, it's more like the RCMP rushing in to the airport in B.C., tackling, terrifying and tasing, ultimately killing, the clearly confused and frightened man.

With one caveat, the training received is good, strong, the trainers are decent men and women, the college has bent over backwards to learn and respond. That caveat is two survivors on the committee (myself included) are not permitted to see what is being taught about the mentally ill by forensic psychiatry. That is disturbing, and I wonder if what is being said is at odds with what we recommend, and why on earth we can't be in the class to evaluate what's being taught.

So with that exception, I have come to believe it's not the training that is the issue, it's the speed with which officers leave that training behind, ignore and go against what they've been taught.

That, in a quasi-military command and control outfit, is a stunning lack of discipline, accountability, and order. Around the sub-committee table, I have asked about consequences when officers ignore their training. I am still not clear on the response. I have to wonder if disciplining those who act in contravention would be a de facto admission of culpability that the Service doesn't want to own up to.

Lines of authority, supervision, none of that seemed evident in this tragic killing of an eighteen year old man, held hostage by fear, illness, and quite possibly wanting to die at the hands of police.

Chief Blair is at the top of the command structure. He needs to react strongly, firmly, and decisively. He needs to show leadership, read the riot act to front line responders, and their supervisors', that accountability and consequences will be the order of the day.

And one more thing, hard to talk about, but clearly necessary: are our police too risk averse?

Policing is a hard role, no question, but with training that's adhered to, risk that is seen as acceptable and part of the job may have helped to bring these tragic and unnecessary killings to an end.

That is the direction we have yet to push for, that is what's left undone.

The Sad State of Social Services – Guest Blog from Pat Capponi

15Feb 2014

One of the most instructive exercises we do with group members at Voices From the Street is to ask what would have helped them avoid the life path they've been on, lives mostly filled with pain and challenges and want, decades spent on the streets, in shelters or housing that is barely safer than a park bench.

This is after we've stressed the importance of each person taking responsibility for bad decisions, and/or bad actions; without that acknowledgement it's difficult to move forward constructively, it's part of being an adult to own up to mistakes.

Sometime later, we pose the important question of what society's responsibility is: those teachers, ministers, police, parents, and agencies that are supposed to protect the innocent and vulnerable, where were they, what were they doing, at the critical time when lives were being broken, twisted, and stunted. We ask this not to excuse the individual, but to show that we are part of a system that has failed too many, and needs, though it doesn't want, our direct input to do right.

The answers come with tears, rarely anger, mourning a life that could have been, should have been easier, rescues that might have happened, if our social services, our education system, our children's aid offices were functioning as funders and the general public expect them to.

It is heartbreaking, children left to fathers, 'uncles' or step-fathers who beat or sexually abused them, going to schools where these earliest experiences leave them vulnerable to bullying by their peers and to predatory behavior from those who thrive on breaking trust, who pick up the scent of hurt and damage and salivate as if they were sitting down to a feast, a feast provided by those who turned away, who blamed the victim, who failed their duty to protect and defend the defenceless.

Gay children, children of color, poor children, children in the first throws of mental illness, doomed by prejudice, laziness, massive systems failure, those children blame themselves, of course they do, how could they not, when everyone they looked to, before giving up entirely, seems to blame them. They must be bad, deserving of each beating or failure or loss.

These are not the people profiled on agency or government websites, to show how well programs are doing. It would be instructive if they were. "Here is Jane Doe, who we might have helped if we'd been more responsive, more timely, more dedicated to our profession, she wouldn't have been abandoned to bad men, addiction, prostitution, mental illness or prison. We failed Jane Doe, and we own that failure, and will ensure we correct our mistakes through revised policies, placing people with lived experience on our boards and staff, and most importantly through removing front line workers and executive directors who've grown too jaded or self-important to do their jobs. Honoring

Jane Doe, all the Jane and John Doe's, means accepting that they deserve better from us."

We only catch a glimpse of culpability when the victim dies and an inquest results, nothing requires us to respond to the barely living. Our system routinely fails those most in need, and blames the failure on those they neglected.

Governments, unions, accrediting bodies, those who work in the systems that are so dysfunctional, all conspire to maintain the illusion that we have a strong social safety net, none of these sectors want tackle the bloated, inefficient, ineffective systems that serve only themselves, and those who are least damaged. No wonder 'the poor will always be with us.'

Pat Capponi

Hoping for genuine efforts to address self-identified needs: Guest Blog from Pat Capponi

29Mar 2014

What if the archetype of the mad, the lonely dishevelled man screaming and scaring passersby on big city street corners could be transformed into a contributing citizen, not through the efforts of those institutions which claim to change lives, but through genuine efforts to address the self-identified needs of the ‘chronic patient’: decent supportive housing that enables tenants to practise autonomy, integrated staffing that reflects the value of lived experience instead of coercing, controlling and crushing independence, role models who can address self-defeating behaviours learned on hospital wards and back alleys, and earned income that relieves soul-crushing poverty

When people first learn of their diagnosis, they aren’t thinking of those advertising campaigns that portray mental illness as seated in the clear-complexioned, well-dressed, gainfully employed condo dwellers, no, they think of that man on the corner, how he is shunned and avoided, and therein lies the roots of prejudice, our word for stigma. And the public, potential employers, police, educators, even those self-described champions of mental wellness, that is the image they have: that man, tormented by voices, angry at the world, dangerous and strange.

That is the image we must address – not hide from – if we are to be effective at fighting ignorance and fear. Those of us who carry the chronic label, who have been consigned to poverty, poverty much more enervating and all-encompassing than a simple lack of money, find it very difficult to believe in ourselves when everywhere we go, agencies, drop-ins, social assistance offices, we are still treated like back ward mental patients. Since the early days of unplanned and unfunded de-institutionalization, we’ve been the object of other people’s decisions, and borne the brunt of the consequences and lack of awareness of our potential, this plays out too often in our being consigned to beds in distressed housing or shelters, in the hands of teams that bang on the door to deliver each day’s medication, drop-ins that keep us out of public view and neighbourhoods that reflect our own impoverished existence.

We die 25 years earlier than the general population: stress, malnutrition, hopelessness, depression, isolation, and the inability to affect anything in our environment. The reality is, many die without ever living, without having any respite from poverty, resulting in too much lost potential, lost contributions

We don’t understand that people need to feel valued, they need purpose, they need to be seen as individuals first, we allow poverty and labelling to camouflage worth, we see only the ‘madness’, the disabilities, the brokenness, and act on the assumption that that’s all there is to the person.

We have had to go it alone for decades, we’ve had to show ourselves what we are made of, we’ve manufactured hope and inspiration where before there was none, created opportunities for engaging with community and social enterprises, reached out to other

marginalized groups to better see and understand that not all we feel is related to our diagnosis, which has helped some get out from under the weight of their label.

We know that stigma has a safe home in those staff and systems that make up our world, where we experience the soft tyranny of low expectations that keep us from achieving, keep us from breaking out of poverty and illness towards a life that matters. We compound this tyranny each time we meet without representatives from this population, each time we speak for, act on, avoid, or assume what is needed.

We keep those with mental illness apart, streamed into services ‘just for them’, and that exacerbates the belief that it’s all about the symptoms –we need to tear down the silos, and funding pockets to bring those on the margins together, like we do at Voices, where those with mental illness, those with addictions, stressed out newcomers, abused women, meet and learn public speaking, leadership, causation, responsibility and how to shed institutional behaviour. We have high expectations of participants, which they live up to, often grateful, enjoying learning from one another and about themselves.

There are other bright spots, where we’ve been welcomed, even sought after, to teach, to participate, to guide. Dr. Reva Gerstein was the first, when she endorsed the concept that all else being equal, those with lived experience would get the jobs at the Gerstein Centre, moreover, recognizing that many have not had the opportunity to complete their education, she instituted crisis worker training program geared for new comers and lived experience. At government tables, we are not seen as mental patients, our lived experience and advice is valued, on the Toronto Police Board mental health sub-committee, which I co-chair with Alok Mukerjee, we are valued, and have made significant contributions to furthering understanding and improving training. Deputy Chief Mike Federico is another who has utilized our abilities, even when we do not always agree.

Men and Women from Voices and the Empowerment Council participated in a video created by the police college when they talked about what it’s like when the police come to your door, what escalates situations, what it feels like to be dragged from your home into a police car, handcuffed and afraid. Nothing is more powerful than hearing from those directly affected.

We have looked at the training offered, we have made strong suggestions, and continue to do so. We know that the first time a police officer meets and confronts a psychiatric patient shouldn’t be in crisis situations, we know that a simple demand that those who wish to become officers, who take college courses to prepare, need to spend a few months working in neighbourhoods where we congregate. So that strangeness is erased, panic quelled, relationships formed. Our graduates help train medical students and social service workers, nurses and lawyers.

I vividly remember the day, seven years ago now, when two first year psychiatric residents from the U of T met with me in a coffee shop, they had heard one of our

speakers in grand rounds, and felt they were not hearing any of our experience in their courses. As a result, we've been meeting once a month in each other's homes- with first to fifth year residents, to discuss their learning and our take on it, and we are building a cadre of psychiatrists who will have a better understanding of who this chronic patient community is composed of.

Dr. Sacha Agrawal approached me to work with him to create consumer advisors who meet with fourth year residents during their chronic rotation to ensure that those residents see us when we're off the ward, in our minds, with our hopes and ambitions and struggles.

To combat the early and unnecessary deaths, we send our graduates into drop-ins, to talk about the toll taken by living rough, and family doctors join us to encourage people to sign up for a primary physician.

We should be celebrating and elevating to the public consciousness the extraordinary accomplishments and contributions that have come from our beleaguered segment of society. Profiling those who have survived extraordinary challenges, from SMI, toxic families, addictions and street existence, and kept their humanity, compassion and empathy would move the hardest heart. I tell our group members, this is our PhD, this makes up our credentials.

And yet we find we have a long waiting list of people who wish to be peer workers, because there is resistance from some unions and some professionals who feel that their credentials would somehow be tarnished if they had to work alongside us.

Our presence in the work force would effectively address the roots of prejudice, and the cause of fear-based responses to people in distress, it would also go a long way to eliminate the resistance to treatment, now seen as a feature of the illness rather than a strong awareness of the social consequences of being labelled. We need to re-think our approach to the 'chronic' population now. Pat Capponi

Guest Blog from Pat Capponi: When Deb Matthews meets with Smokey.....

25Jul 2014

When Deb Matthews meets with Smokey, the OPSEU head, wouldn't it be cool if she said:

“Smokey, we are on the cusp of great possibilities when it comes to those who are burdened with mental illness, addictions, trauma, and poverty. ”

We have in ignorance wronged this population, now that that this ignorance has been pierced by the very same people we mistakenly de-valued, we must act to right these wrongs.

This is not to suggest workers have deliberately acted in ways that harmed their clients, but best intentions and motives have not helped to significantly alter the outcomes for those same clients.

Two factors have increased the urgency with which we must address these issues.

Economic austerity has opened the door to recognition that the diagnosis of a mental illness should never mean being pensioned off for life that everyone can and should contribute to the life and wealth of the province.

The recent report by Judge Iacobucci into police shootings of people in crisis calls for more system accountability, though I do disagree that we need more dollars, I think we can achieve better co-ordination and certainly better outcomes through re-design, amalgamation, and opening up positions for those with lived experience.

Staff, your members, need to see that recovery and independence are more than possible, they need re-education around engagement with clients, hopefully done by the clients themselves.

More and more we hear from consumer/survivors that they want to work, especially within the systems they know so well, and yearn to affect in positive ways. There is no better way to affect attitudes and assumptions about this population than by working side by side with individuals who have lived the life.

Smokey, I know you and your members are concerned about jobs, in institutions and agencies, and I respect that. But we have broader concerns, we have to look at the waste of human potential, the suffering of those who cannot aspire to contribute their talents and abilities because too often they are unrecognized and unseen.

We cannot ignore the reality that our fractured systems hive off sections of this population, in drop-ins and boarding homes and agencies, and keep them for years in exactly the same circumstances.

There is no coordination, little to no expectations of moving forward, moving on. There is heavy reliance on control and coercion, neither of which make for empowered clients.

For this we all must take responsibility, especially governments that funded programs without demands for real outcomes. This must change.

The poor should not be treated as a natural resource to be exploited, nor should we feel that working with this population is a right.

We are all part of the problem. We must all be part of the solution. That will entail opening up traditional union jobs to people with lived experience: we need to re-train workers in the recovery model, ensure that everyone works together to ensure best outcomes. We must reduce paternalism, and reduce the number of programs that simply keep people in place.

While I understand that change is difficult, we cannot continue to sabotage the ability of clients to achieve by spending on programs that do not deliver, or staff that can't see the human potential in their clients.

Pat Capponi

“It is difficult to get a man to understand something, when his salary depends on his not understanding it.” Upton Sinclair –

Guest Blog from Pat Capponi

16Nov 2014

Those of us who make up the OW and ODSP rolls, who haven't worked for years, who have struggled with homelessness, addictions, mental illness and abuse, are at a crossroads in this city.

We need to understand that, unless we really start to confront the stark choices we're facing, there will be no real opportunity to improve our lives through education, training and employment. Why is this?

There are limited resources available to us, and most of those dollars go to agencies, shelters, food banks, community kitchens and drop-ins, to maintain the status quo, to keep us from dying on city sidewalks and alleyways which would disturb public consciousness and elected officials. At least two-thirds of funding given to agencies goes to rent, staff, and benefits.

These places constitute a poor substitute- a pathetic consolation prize- for a life of value and purpose, still we cling to them, for they are all we have, and often the devil you know is preferable to the uncertainty and demands of independence and change.

So we spend our long days lining up in front of locked doors, waiting for access to dingy and crowded spaces, we line up for food banks and shelters, we line up for meals and donated clothing and for a chance to ask for TTC tokens to make it home or to a bed or hospital or to appointments with workers and other gatekeepers.

“The most dangerous phrase in the language is ‘we’ve always done it this way’.” Grace Hopper

We lose our sense of ourselves as viable individuals – understandable, since belief in our potential is absent. And we lose our sense of community, treating each other with the same disrespect and dismissal we encounter too often ourselves.

We have no champions in this fight to regain some of what makes life worth living.

Politicians and policy makers want easy wins. They want to point to success, so they go to the ‘low-hanging fruit’, those who have the least problems, those who, with a little boost, can achieve. It makes for good press, it supports the illusion that we are doing something constructive about poverty.

Many of those on the right believe there are deserving and undeserving poor. Many of those on the left believe there are categories as well, witness terms like ‘hard to serve’ and ‘hard to house’ applied to those whose labels loom large. Both blame the victims.

Many of those on the right believe everyone should work, that homelessness and poverty are a life-style choice, and that OW enables addictions and street existence. Too many of

those on the left believe that people can't work, need burgeoning supports and that increasing the levels of social assistance by one hundred dollars is the only policy corrective needed.

"To blame the poor for subsisting on welfare has no justice unless we are also willing to judge every rich member of society by how productive he or she is. Taken individual by individual, it is likely that there's more idleness and abuse of government favors among the economically privileged than among the ranks of the disadvantaged." Norman Mailer

On the right, there is frustration and fury about the number of social agencies targeting the long-term poor. On the left, there is a constant demand to increase the numbers and the funding given to agencies, and in spite of outcomes that are dismal they continue to say "more".

On the right, there are stories and claims of welfare cheats, on the left they've given up the battle to tackle discrimination and prejudice against the poor, instead pushing children to the forefront, who, at least till they reach the age of majority, are innocent victims who hopefully can't be attacked or denied.

Neither the right nor the left believe the long-term poor are a good bet, an easy win, if the right investments are made. Neither the right nor the left have any understanding of what keeps people on the rolls.

The best thing for the children of the poor is to see their parents succeed. Otherwise, we are simply ensuring that agencies and shelters and drop-ins will never lack for clients, that the poor are a renewable natural resource that will never dwindle.

We, those with lived experience, must challenge the status quo; we must be the change agents, we must dare to speak our truths even when gate-keepers and those who derive their status and employment from our communities deny us our right to speak, to engage, to point out the systemic failures that guarantee their jobs and our continued poverty.

Picture yourself walking confidently to the door of an agency, and reaching for your key to open that door. Picture yourself eating dinner, made up of your choice of foods, in the quiet and calm of your own kitchen. Picture yourself in a classroom learning, or in a social enterprise bringing life back to neighbourhoods.

If it's a choice between supporting agency staff and failed programs, or using those funds to create opportunities and pathways out of poverty, which would you chose?

Pat Capponi
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