

***Using the Economy to Develop the Community:  
Psychiatric Survivors in Ontario*** <sup>1</sup>

***introduction***

This paper presents the unique approach which psychiatric survivors have taken over the past decade towards economic development in Ontario.<sup>2</sup> The term ‘psychiatric survivors’ refers to people who typically are labelled ‘mentally ill’ or simply ‘crazy.’ Well-acquainted with long-term poverty, they have several decades of experience attempting to solve serious problems, such as income generation within their community. Trial and error has taught them that collective employment through the creation of community businesses is the strategy which best meets the needs and mobilizes the latent capacities of even their most vulnerable members.

Survivor-controlled community businesses are intended primarily to create jobs. However,

*The Caledon Institute has launched “community stories” to enable individuals involved in capacity-building initiatives to reflect upon and write about their work. This series provides a vehicle for community leaders to tell their stories in their own words.*

the vision doesn’t end there. Survivors are a social and political community more than a geographic one. In carrying out economic development, they are as concerned with literacy, homelessness, housing development and poverty as they are with training, worker recruitment and economic planning.

Regardless of the product or service they create, survivor entrepreneurs are also in the business of asking questions about psychiatric treatment, raising survivor expectations for their lives, teaching and creating opportunities for survivor decision-making and leadership development. In other words, instead of using their community to develop the economy, psychiatric survivors use the economy to develop their community. This is the heart of their approach towards economic development.

***a diverse community***

The Ontario Council of Alternative Businesses (OCAB) is an umbrella organization of eight psychiatric survivor-controlled businesses

operating in various parts of Ontario. In 1994, the Council produced a guide to business development which highlighted the complexity of the survivor community. The guide pointed out that while some members believe in the biochemical basis for mental health problems, others believe that mental illness does not exist and that the mental health system is really about social control. The survivor community is composed of individuals who hold a range of opinions on psychiatric treatment: those who support established treatment practices; those who want adjustments to practice; those who want real alternatives; and those who will not be satisfied until the traditional system is abolished entirely.

Amid this diversity, it is difficult to find a single word to designate membership in this particular community. The Business Council's strategic response is to encourage people to identify themselves according to their own views. "Self-definition is a way to take back some of the power we have lost by being labelled... . The terms we use include consumer (of service), consumer/survivor, thriver, prosumer, psychiatric survivor, antipsychiatry, crazy and even post-psychiatry" [OCAB 1994: 2]. For the purposes of this paper, I will use the term 'psychiatric survivor.' It labels but it does so in a way which affirms people's strengths. It conveys surviving mental disorder but also surviving psychiatric treatment and service – both are crucial issues for survivor communities.

Bolstered by theorists such as Erving Goffman and R.D. Laing, psychiatric survivors began to organize in the 1960s as the anti-psychiatry or ex-patient liberation movement [Burstow and Weitz 1988; Dain 1989]. Their efforts gave impetus to large-scale deinstitutionalization, a process which was driven by escalating hospital costs and facilitated by the introduction of psychotropic drugs. In Canada,

the ensuing return to community by hundreds of former mental patients has been dissected by social analysts in countless government reports and academic papers.

The consensus is that the communities in question lacked the capacity to assist and support people who had spent long years in psychiatric hospitals. The necessary planning simply was not done and essential resources were not transferred [Trainor et al 1992]. Moreover, the medical establishment underestimated both the effects of institutional life and the side-effects of long-term psychotropic drug use. For psychiatric survivors, these conditions set the stage for community life characterized not by acceptance and growth, but by grinding poverty, homelessness and social stigma. Their real suffering began after discharge from hospital [OCAB 1995].

Regardless of ideological diversity, psychiatric survivors are bound together by a relentless commonality of life circumstance. Having been assessed, diagnosed, treated, institutionalized and otherwise intervened upon, they share the experience of being misunderstood and feared by other members of society. Many doors have been closed to their full participation as citizens' and many opportunities lost in terms of employment, housing, training and education. Their marginalization in these crucial areas means that psychiatric survivors as a group are generally poor, unemployed and inadequately housed [OCAB 1994; 1995]. Economic participation is fundamental to well-being, yet survivors often lack the most basic means to provide for themselves and their families. While thousands of mental health professionals make their living from the mental health service industry, survivors struggle desperately to gain access to the economy.

In its purest form, the psychiatric survivor movement is organized around the notion of self-help through a fluctuating network of groups which people join on the basis of personal experience with psychiatric disorders and treatment.

‘On Our Own,’ formed in Toronto in 1977, is a well-known group in Canada. One of the first issues discussed by members was their need to make money. Then, as now, most were unemployed or living on welfare or a disability pension. In response, the group organized a flea market which evolved into ‘The Mad Market,’ a member-run, nonprofit goods store [Burstow and Weitz 1988]. This particular market is gone but the idea behind it lives on in the form of psychiatric survivor-controlled businesses.

The oldest psychiatric survivor-controlled business is ABEL Enterprises located in Simcoe, Ontario. It started in 1981 as a member-directed work co-operative and currently refers to itself as an assisted entrepreneurial collective [Church 1987: 1996]. ABEL has been joined over the years by seven or eight similar ventures. Prominent examples in Toronto include A-Way Express Courier Services which began in 1985, and Fresh Start Cleaning and Maintenance Company which began in 1990.

There is no model which adequately captures how businesses such as these operate, nor is there an easily prescribed set of steps which a group of psychiatric survivors can take to create a community business. Each group, location and situation is different; each requires a fresh approach. There are, however, lessons from experience which point to generic principles and typical components of survivor-controlled community economic development (CED). In the pages which follow, I outline five such principles: patient process; active learning and peer support;

participation and control through supportive organizations; leadership development and networking; and reliable partners and funding arrangements.

### *patient process*

The standard advice for starting a community business is to create a business plan. It is here, right at the beginning, that a deep contradiction emerges for people who live on the margins. Bruce Wallace, an organizer with the Victoria Street Community Association, describes the contradiction: “Creating a business plan requires literacy, mathematics, time, money and business sense. It is a process that can be incredibly alienating for people who don’t have a lot of education or self-esteem and are marginalized by the marketplace – not to mention banks. The requirement of a business plan means the community requires the skills to be employed in the marketplace. Yet CED is about communities that have already been marginalized by the marketplace” [Wallace 1996: 17].

Psychiatric survivors are very familiar with this dilemma. For that reason, their economic development begins before the planning stage with the question: “Where is your community?” The first step in creating a business is to find or establish a community. Survivors do this very simply by getting a few people together and forming a core group. Members of this group then meet together, talk, find out who is there, learn about each other’s skills and abilities, and make decisions about how to proceed.

This all sounds fairly straightforward – and in a sense it is. Then again, because of the fragmented lives and personal fragility of the people involved, the process can be deep and difficult. Good business development with psychiatric sur-

vivors requires a transformation of expectation; it means taking people from a state of expecting little or nothing to expecting something. Business development with this community is the delicate work of rebuilding identities based on being employees rather than on being patients or clients. This process requires tremendous patience.

Most survivor businesses are organized to give time off to employees who request it without threat of job loss and without judging the employee irresponsible; planned absenteeism is accepted. Survivors find this approach tremendously supportive [Church and Creal 1995a; 1995b]. Modifying their hours, taking chunks of time when needed or picking their best hours to work enables survivors to take care of themselves physically and emotionally. This flexibility is the most basic level of patience demonstrated by these businesses.

Moreover, these businesses recognize that it takes time for psychiatric survivors to learn how to take control of a community business. Many survivors have limited experience with anything but authoritarian decision-making. When survivors first begin to make decisions about their businesses, they often demonstrate the same authoritarian style they experienced going through the service system. Initially, they may make decisions which are not in their best interests. They may set extremely tough rules for behaviour or performance only to find that they are the ones who break the rules and must endure the consequences. With experience comes moderation but it may take years to establish.

Long, slow growth is a prominent feature of survivor CED. It is, however, not unique to this community. “Any CED initiative,” says Australian theorist Paul Wildman, “is a long-term one. Organizations involved must be in it for the long

haul.” He recommends that participants balance short-term initiatives (one to two months) with medium-term results (one year) with maturity in the long term (five to ten years) [Wildman 1993]. Wildman’s recommendation is supported by American researchers, O’Regan and Conway, who found that success stories in this area do not arise overnight. It takes years for an initiative to ripen into a viable entity capable of providing real economic assistance to members of disadvantaged communities. “There is no quick fix in developing sustainable interventions for poverty alleviation” [O’Regan and Conway 1993: 31].

Many mistakes are made in launching a psychiatric survivor business and once it is up and running, the crises continue to come and go. However, it is in confronting and solving the various problems which arise that individual survivors who are drawn to the work acquire a sense of community. Jacques Tremblay refers to this quite simply as “going through it.” An organizer who has helped start many initiatives in Ontario, he knows that psychiatric survivors go through a developmental process, not just early on but at many stages in the life of a business. Once a fledgling community is formed, it is important not to lose it to the pressures of running the business. The connections employees make with each other can be consciously fostered through planned celebrations, impromptu events and regular opportunities for informal conversation. Survivor entrepreneurs view group development as a legitimate, ongoing part of business development.

#### *active learning and peer training*

*I see psychiatric survivors and people living in poverty as people who have skills that many so-called normal people may not have. Most ‘normals’ would not survive the circumstances in which many psychiatric survivors*

*live* [Diana Capponi, Coordinator, Ontario Council of Alternative Businesses].

Several years ago, a group called the Toronto Community Economic Development Network did a two-year qualitative study to investigate the effects of CED on the lives of people who face serious barriers to employment. Psychiatric survivors and survivor-controlled businesses were integral to this process. A key research finding was that respondents who were most enthusiastic about being employed in these businesses identified them as sites for learning [Church and Creal 1995b]. They described acquiring new skills and roles as well as expanded interests and an improved ability to cope with unfamiliar situations. For some, just learning the job was challenging personal work which demanded most of their attention. Others had mastered the job to the point where they could also become leaders and decision-makers in the running of a business. This process demanded additional skill development as well as the courage and confidence to speak out.

Oddly enough, the CED literature rarely profiles learning as a fundamental feature of its terrain. A welcome exception is a paper by Paul Wildman in which he outlines a conceptual map he calls the “three circles model of CED” [Wildman 1996]. It includes regional economics, community development and action learning. Wildman’s recommendation for fostering CED-related learning is beautifully simple: “Do not wait for knowledge. Act now. Reflect and learn later. Then act again. Your actions become the seeds.” There is a tremendous and much needed permission here not to be bound by expert advice (which may or may not be available) but instead to learn by doing. Wildman notes: “This requires the strength to admit and learn from our mistakes.” In other words, to “fail forward” [Wildman 1993: 7].

Fail forward. Now there’s a concept that has a strong history within psychiatric survivor businesses. Random examples from the CED Network study include: Marc Lafontaine running the fledgling Fresh Start Cleaning Company almost literally “out of (his) back pocket;” Paul Quinn from the Gerstein Crisis Centre saying to Marc: “Just send us someone and we’ll work things out from there;” and Robert O’Connell asserting that From the Root Landscaping unfolded “like a pot of spaghetti falling on the floor” [Church and Creal 1995a]. The people who were instrumental in these enterprises, and others like them, did not let limited expertise stop them from beginning work which needed to be done, risking the mistakes, learning from them and moving forward; They had that Nike attitude: “Just Do It.”

At the same time, like many workers in the new economy, psychiatric survivors have tremendous needs for re/training and skill development. Funding currently available from different levels of government tends to be spent on other groups. Survivors are often informally screened out because atypical appearance and institutional behaviours make them appear unlikely to succeed. Those who are admitted to training programs often find themselves unable to learn in formal classroom settings. OCAB has lobbied for funds to create training specific to psychiatric survivors. Unsuccessful in this effort to date, member businesses have taken matters into their own hands through peer training.

Survivors carrying out economic development have learned that the best way to judge whether or not a person can do a job is to give him or her the job along with whatever help he or she needs to do it. In survivor-controlled businesses, there are no professional staff paid to perform skills assessments or teach skills to the unskilled. Rather, teaching is an ongoing, hands-on process. People who have been through the

mental health service system and on the street use their own words to show others in similar circumstances how to do a job. Employees are accountable and respond to pressure from each other. If, for example, only half of a cleaning crew shows up at one of Fresh Start's cleaning sites, the other half has to pick up the full workload. Without a doubt, those who showed up will tell those who didn't how it felt to cover for them. Thus, co-worker feedback and the potential for loss of business become motivating factors.

Reminiscent of anti-psychiatry, the deprofessionalization inherent in this approach is an issue for practitioners of vocational rehabilitation. Not only does this approach challenge the way practitioners make their living, it calls into question the value they place on normalization and integration. Accomplishing integration isn't a primary goal of survivor-controlled businesses; organizers do not worry about maximizing the amount of time their employees spend interacting with non-disabled people. These businesses exist to provide space and time for survivors to meet and develop relationships as peers and co-workers. They exist to enable survivors to speak in their own language, for their own purposes, without professional intervention, without attempting to integrate. The connections being fostered are not with mainstream society or professional service providers but with the mental health self-help movement and the capacities of that movement.

None of this negates the powerful statement that survivor CED makes against ghettoization. I remember this each time I encounter a courier from A-Way Express out on the job. The jolt of pleasure I feel at the sight of their tell-tale delivery bag stems from knowing that their presence on the subway is an extraordinary demonstration of genuine integration. Each courier is a walking

public relations campaign in the fight against stigmatization.

### *participation and control through supportive organizations*

*From the beginning, A-Way Express was successful because the people who needed employment developed how it would be set up, how it would run and who would be involved. A-Way has developed to the point of being 100 percent consumer or survivor run and operated. This is the key for us. This is the differentiating factor that separates us from other similar models currently being set up by institutions [Laurie Hall, Executive Director, A-Way Express Couriers].*

A community business is characterized by two things: nonprofit or worker-ownership and participatory management. The presence of these factors is, of course, the ideal. Making it real is another story. Bruce Wallace observes that CED is a process which is so demanding in practice that it excludes from participation the very people it claims to include. The extensive planning involved calls for participants who possess high energy and enthusiasm. Time and stability are key factors in a lengthy and extremely bureaucratic development process marked by setbacks and unknowns. As Wallace wryly notes, this is hardly the sort of enterprise conducive to people living in the inner city "from welfare month to welfare month" with mental health problems and addictions. In fact, he concludes, CED ventures are much better suited to "consultants, accountants, lawyers and community workers" [Wallace 1996: 18]. How, then, did psychiatric survivor-controlled businesses take hold in Ontario?

It took a decade or more of largely unacknowledged labour on the part of survivor

movement leaders, allied mental health professionals and community organizers to create an environment supportive of survivor-controlled entrepreneurial ventures. Pioneering work on consumer participation done by the Canadian Mental Health Association in collaboration with movement leaders resulted in a conceptual framework which was carried almost literally into the Ontario government's blueprint for its community mental health system [Trainor and Church 1984; Hutchison et al 1986; Pape 1988; Ontario 1988]. The implementation of this plan involved survivors directly for the first time, most notably in a provincial consultation on community mental health services legislation.

A major outcome of the consultation was a mental health bureaucracy sensitized, at least temporarily, to psychiatric survivor issues. Following this event, the province committed \$3.1 million in anti-recession funding to a special survivor project which resulted in the birth of the *Consumer/Survivor Development Initiative* (CSDI) [Church 1993]. Using guidelines which favoured non-traditional activities, survivor control and democratic governance by members, CSDI funded 42 proposals from survivor groups in the first year of its operation; seven were for economic development projects [CSDI 1992].

The formal means by which these and other economic initiatives create ownership and participatory management is through board membership. A-Way Express, for example, is currently structured around a board, a management team and its staff. Fifty percent of members on the ten-person board are employees. The remaining 50 percent are outside members with expertise in business or nonprofit management; they may or may not be survivors. The management team includes the office and marketing managers,

executive director, head dispatcher, bookkeeper, phone order-taker and two courier representatives. From its beginning in 1985, A-Way has held full staff meetings once a month so that employees can raise concerns and make recommendations. Staff have ultimate decision-making power because of their representation at every level of the business and through the formal review of goals and objectives at annual general meetings [OCAB 1994; Church 1996].

Formally incorporated as a nonprofit work cooperative in 1983, ABEL Enterprises experimented with participatory management long before 'empowerment' became a buzzword in the human services industry and before the psychiatric survivor movement gained strength in Ontario. The chief lesson derived from this struggle was that unless distinct structures and processes were put in place, the entire notion of a survivor-controlled business was merely an extreme form of tokenism.

A crucial structure for ABEL became the Planning and Development Committee of which all employees are members. The Planning and Development Committee has its own chair and is fully empowered by the board according to its own terms of reference. It is the driving force behind a board composed of survivors (50 percent) and community members (50 percent). Staff organize this committee and facilitate communication of its wishes to the board. Recently, the Planning and Development Committee decided to shift business operations from a co-operative to an entrepreneurial model. ABEL Enterprises currently describes itself as an assisted entrepreneurial collective which helps members develop skills and products. Staff encourage people to use the facilities to spin off their own economic ventures.

### ***leadership development and networking***

*I learned a long time ago that the first thing wrecked, messed up and abused people needed to see was that one of them could stand up and make noise without getting beaten back down. It gives people heart when they realize that it's possible. After awhile, they begin to see the possibilities for themselves. I wanted the kind of process that happens when they understand that speaking up for themselves and for others will create change in the system and within themselves [Pat Capponi quoted in Church 1991: 6].*

A few years ago, under the auspices of the Psychiatric Survivor Leadership Facilitation Program, Pat Capponi developed a number of practical exercises to orient her fellow survivors to the mysterious world of service providers. Through role playing and situational analysis, she put them to work in small groups dissecting issues which concerned them. The heart of her approach was to “assist members to realize their own submerged power and potential, and to strengthen them through group bonding and communication” [Church 1991: 7].

Pat placed tremendous emphasis on building trust among group members as a basis for personal self-disclosure. She encouraged survivors to listen with deep acceptance to each other's stories about the mental health system and, regardless of the content, to validate each other for surviving. One of her biggest discoveries was that the people involved needed parallel but separate support groups. Too much happened within the groups to be completely contained in the training sessions. It was important to connect new leaders with existing ones and with ongoing groups [Church 1991].

In similar fashion, survivor-controlled businesses do not thrive without strong mutual sup-

port. They need to establish connections with other initiatives like themselves in the local or regional area as well as provincially. Since 1992, networking such as this has been facilitated by the Ontario Council of Alternative Businesses. One of its primary tasks is to provide hands-on assistance with the concrete problems of business development. Another is to create resource materials which build its educational and advocacy capacity. As the collective voice of survivor-controlled businesses in Ontario, OCAB has experimented with different kinds of partnerships and taken up a role in policy development. Existing businesses have made deputations to government committees which have increased the profile of survivor businesses while broadening the experiential base of their participants.

In these ways, OCAB has picked up where the Leadership Facilitation Program left off. It has become a space from which survivors attempt to counter the words, definitions and meanings generated about their lives by the traditional psychiatric service system. In its materials, OCAB declares its support for alternatives to medical/clinical models of treatment – alternatives which would enable psychiatric survivors to see themselves as more than an illness. OCAB positions CED as a form of mental health action which can be organized to accommodate survivor behaviours and limitations, to provide them with education and training, and to connect employees both with each other and with the broader community. To the extent that the Council and its members are successful in this undertaking, they become sites for grassroots leadership development.

Survivor-controlled businesses do identify and develop leaders. A key finding from the CED Network's research was that employees of community businesses were drawn not just into jobs but into decision-making roles. At their best, these businesses were forums where people who



were unfamiliar with decision-making nevertheless take up that task. The experience of being depended upon rather than being dependent was a significant one for respondents. For some, it led to more extensive participation as businesses exchanged board members and mental health agencies drew on this pool of people for experienced consumer representation within their own governing structures. Involvement with a community business often led employees to more extensive involvement with survivor movement activities. From a survivor perspective, one of the advantages of doing CED was that they could structure their work to make time for engagement with broader social and political commitments [Church and Creal/1995b].

### ***reliable partners and funding arrangements***

*Many people have the misconception that they can give a little seed money to economic projects and within a few years they will all become self-sufficient and then everybody can walk away. This is not true. As long as the system functions the way it functions, there will be a constant need for support [Mary Taylor, Executive Director, ABEL Enterprises].*

The survivor-controlled businesses which have been most stable and successful in Ontario are those which have formed functional connections with individuals in their local area who have technical and organizational expertise. Increasingly, these people are survivors although service providers and members of broader communities are also involved. They contribute their expertise either as consultants or board members, and occasionally, as staff.

Hiring the right staff was fundamental, for example, to the development of ABEL Enter-

prises. Rather than mental health workers, the business hired a designer-cabinet-maker, a fiber-glass maker and a landscape designer. Much more artists than clinicians, staff at ABEL Enterprises currently possess multiple skills covering such areas as carpentry, woodworking, welding, landscaping, art, bookkeeping and business planning.

An ongoing difficulty faced by survivors who become productive is that they are already a site of production for mental health professionals. In attempting to overturn this relationship, they are very careful about the partnerships they establish with mental health agencies. Good partners, states OCAB, are community groups or agencies which offer survivors physical space, access to office equipment and coffee. They offer assistance with outreach to help get the business started. As the business grows, these partners contribute their expertise in areas such as board development or personnel management. The power struggles which tend to occur throughout this process can be prevented through good preparation. Potential partners should take some time to get to know each other, sort out their roles and decide upon a time frame within which the survivor business will become independent. The arrangement should be spelled out in a written contract. Ultimately, it is fundamental that the agency know how to give up the business.

If letting go is the first quality survivors prize in their partners, perseverance is the second. This is especially true of funding partners. A recent study on economic development with marginalized groups pinpointed the importance of patient, flexible funding provided by donors who stick with the business through rough times [O'Regan and Conway 1993]. Over the past decade, the Ontario Ministry of Health has fulfilled this function for survivor-controlled businesses. It has provided grants to cover admini-

strative costs while revenues generated by employees paid their salaries. This arrangement, a creative blend of public and private funds, recognizes the role that these businesses play in shouldering long-term social responsibilities for a vulnerable constituency.

Survivor-controlled businesses are under increasing pressure from government to become economically self-sufficient. In the face of this pressure, they retain a commitment to employ the most disadvantaged members of their community. Their argument is that the Ministry of Health's investment in this process addresses the public's responsibility for vulnerable people in a productive manner which improves greatly on vocational rehabilitation programs. The businesses may strive to become more competitive in the mainstream economy but most of their employees are people whose lives have been seriously compromised. As a result, although the balance of grant and earned revenues may shift over time, survivor businesses may always need some form of subsidy to survive.

### *conclusion*

Broadly conceived, psychiatric survivor economic development is an intentional, ongoing process centered in the local community. It involves mutual respect, critical reflection, caring and group participation. It is a process through which people lacking an equal share of valued resources gain greater access to and control over those resources [Cornell Empowerment Group 1989: 1]. Employees earn financial profit which is essential to paying workers and keeping the business afloat.

However, securing lucrative contracts is not sufficient. What may be profitable for the businesses may be disastrous for the employees. The true profits of survivor-controlled businesses lie

in the number of people employed and the number of employment hours the business can offer to individuals. Profits lie in the length of time people can maintain their employment, their participation in running the company and the opportunity to choose how to participate. Success is a sense of ownership, a voice in making decisions [OCAB 1995].

Even if survivor businesses do all of this right, there are distinct limits to what they can accomplish. Their efforts to recontextualize the lives of some psychiatric survivors occur in the shadow of a psychiatric treatment system which works daily in the opposite direction [Rose and Black 1985]. Most employees continue to have contact with that system and to have their bodies and consciousness shaped by that system. Survivor businesses cannot erase the ongoing effects of this production; they are merely one step in that direction. There are also limits to the control they can gain as the national and global economies powerfully affect local opportunities.

*Kathryn Church*

*Kathryn Church is a postdoctoral fellow at the University of Toronto's Faculty of Social Work. She has worked extensively with members of the psychiatric survivor movement.*

### **Endnotes**

1. This paper was developed from a larger document entitled, *Because of Where We've Been: The Business Behind the Business of Psychiatric Survivor Economic Development*, produced by the Ontario Council of Alternative Businesses and 761 Community Development Corporation. This paper and several of the reference publications are available from the Council or the Corporation at 642 King Street West, Toronto M5V 1M7. Ph: (416) 406-3159 or Ph: (416) 703-5459.

2. As with other articles on this topic, I wish to acknowledge the significant input in both the content and process

of my work of psychiatric survivors doing economic development. Particular thanks to the Voices 'Exchange Team: Diana Capponi, Coordinator of the Ontario Council of Alternative Businesses; Rick Ciccarelli, Executive Director of 761 Community Development Corporation; Laurie Hall, Executive Director of A-Way Express; and Mary Taylor, Executive Director of ABEL Enterprises.

## References

- Burstow, B. and D. Weitz. (1988). *Shrink Resistant: The Struggle Against Psychiatry in Canada*. Vancouver: New Star Books.
- Church, K. (1997). "Business (not) Quite as Usual: Psychiatric Survivors and Community Economic Development in Ontario." In E. Shragge (ed). *Community Economic Development: In Search of Empowerment* (2d ed). Montreal: Black Rose Press.
- Church, K. (1993). *Breaking Down/Breaking Through: Multi-Voiced Narratives on Psychiatric Survivor Participation in Ontario's Community Mental Health System*. Unpublished doctoral dissertation. University of Toronto.
- Church, K. (1991). *Re/Membering Ourselves: A Resource Book on Psychiatric Survivor Leadership Facilitation*. Toronto: Psychiatric Survivor Leadership Facilitation Program.
- Church, K. (1987). "A Place in the Local Economy: The Haldimand-Norfolk Work Group of Simcoe." *Forum* #11. Toronto: Canadian Mental Health Association (National).
- Church, K. and L. Creal. (1995a). *Voices of Experience: Five Tales of Community Economic Development in Toronto*. Toronto: Toronto Community Economic Development Network.
- Church, K. and L. Creal. (1995b). *Working the Margins: Qualitative Dimensions of Community Economic Development in Toronto*. Toronto: Toronto Community Economic Development Network.
- Consumer/Survivor Development Initiative. (1992). "Policy Discussion Paper." Toronto: Consumer/Survivor Development Initiative.
- Cornell Empowerment Group. (1989). "The Empowerment Process." Draft version of the Van Leer working paper. Ithaca, NY: Cornell University.
- Dain, N. (1989). "Critics and Dissenters: Reflections on 'Anti-Psychiatry' in the United States." *Journal of the History of the Behavioral Sciences*, 25 (January), 3-24.
- Hutchison, P., J. Lord and L. Osborne-Way. (1986). *Participating With People Who Have Directly Experienced the Mental Health System*. Toronto: Canadian Mental Health Association (National).
- Ontario. (1988). The Provincial Community Mental Health Committee. *Building Community Support for People: A Plan for Mental Health in Ontario*. Toronto: Ministry of Health.
- Ontario Council of Alternative Business. (1995). *Yes We Can! Promote Economic Opportunity and Choice Through Community Business*. Toronto.
- Ontario Council of Alternative Business. (1994). *Group Hallucinations: Overcoming Disbelief' Yes, You Can Start a Community Business!* Toronto.
- O'Regan, F. and J. Conway. (1993). *From the Bottom Up: Toward a Strategy for Income and Employment Generation Among the Disadvantaged*. Washington, DC: The Aspen Institute.
- Pape, B. (1988). *Consumer Participation: From Concept to Reality*. Toronto: Canadian Mental Health Association (National).
- Rose, S. and B. Black. (1985). *Advocacy and Empowerment: Mental Health Care in the Community*. Boston: Routledge and Kegan Paul.
- Trainor, J. et al. (1992). "Building a Framework for Support: Developing a Sector-Based Policy Model for People with Serious Mental Illness." *Canada's Mental Health*, 40 (1), 25-29.
- Trainor, J. and K. Church. (1984). *A Framework for Support*. Toronto: Canadian Mental Health Association (National).
- Wallace, B. (1996). "CED on the Street: Planning a Community Venture Comes Hard to an Association of Street People in Victoria." *Making Waves*, 7 (1), 16-18.
- Wildman, P. (1996). Action Learning and Community Economic Development. In T. Can (ed). *Creative Applications of Action Learning and Research*. Brisbane: ALARPM.
- Wildman, P. (1993). *Growing Your Own Community Economy*. Queensland, Australia: Prosperity Press.

Copyright © 1997 by The Caledon Institute of Social Policy.

1600 Scott Street, Suite 620

Ottawa, Ontario, Canada

K1Y 4N7

Ph: (613) 729-3340 Fx: (613) 729-3896

e-mail: [caledon@caledoninst.org](mailto:caledon@caledoninst.org)

website: [www.caledoninst.org](http://www.caledoninst.org)