

Legislature presses for reduction in services for mentally ill; hearings now in progress.

COUNTY FACES BUDGET CUTS OF \$9.6 MILLION

INTERVIEW:

DIANE WATSON

State Senator



Diane Watson chairs the California State Senate committee on Health and Welfare, the committee responsible for mental health legislation.

Watson is one senator with what she smilingly calls five jeopardies: she is black, female, liberal, Catholic and Democrat, all in an age when the claim of a 'new day' is made by Republican conservatives. This is a claim she discounts.

The Senator does acknowledge "It's a different time for us. Many arch conservatives view the Reagan victory as a mandate, but I think the majority of the people are not as conservative as the media present."

Asked how she functions in this setting to get through needed mental health legislation, Watson said "Communication is most important. I talk with conservatives like John Schmitz (Rep.-Orange). I talk about the needs . . . I engage in dialogue. It would be easy to isolate myself." She is one of two blacks in the state Senate and one of two women.

continued on page 8

Information from the Finance Committee of the state Senate is that the Los Angeles County Department of Mental Health needs to assume there will be no cost of living increase for 1981-82 and should cut the budget accordingly.

These cuts mean a 10 percent reduction of programs for mental health, said Dr. Richard Elpers, director of mental health for the County of Los Angeles.

This will be the fourth consecutive year that mental health services have taken cuts in budget, Elpers said.

"We have struggled with how do we use what is left. Each year it is more and more difficult when programs from previous years are gone and services are shrinking rapidly. What is left will be directed at the most severely chronically ill. This means less is available for persons in crisis, personality disorders, family problems and work with severely ill children. The private sector is unable to pick up those persons left out because their resources are already stretched," Elpers said.

"We will have to fight awfully hard to avoid taking these cuts," Dr. Elpers said. "The decision is made in Sacramento; the bulk of the funding for mental health services comes through the state legislature." (note: see Editorial, page 2)

Cuts will be effective in

July if the legislature does not see fit to give the needed funds to continue programs.

Planned cuts of \$5.3 million developed by Dr. Elper's regional staff will need to be revised because the cuts for L.A. County are now likely to be \$9.6 million, almost double the original estimate.

continued on page 2

COALITION FIGHTS PROPOSED REPEAL

Dr. Kenneth Stein, chairperson of the Interagency Committee on Mental Health announced the formation of a coalition of various mental health groups.

"Now is the time to put differences aside and focus on protecting the mental health delivery system," he stated.

The decision to form a coalition came in the wake of President Reagan's proposed cutback in mental health care services, his proposed repeal of the bulk of the Mental Health Systems Act and the plan to fund services in block grants.

The coalition will hold the first meeting at the conclusion of

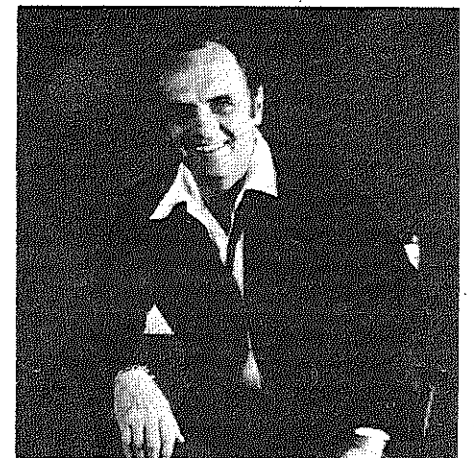
continued on page 8

INSIDE:

SCHIZOPHRENIA
PG. 3

HELP FOR CHILD ABUSERS
PG. 4-5

COASTAL REGION
PG. 6



TV's favorite psychologist — see page 8

ESSAY

ON THE MERITS OF COMBINING LAW ENFORCEMENT, POLITICS AND PSYCHOTHERAPY AND ON THE RELATIVE VIRTUE OF REPORTING CHILD ABUSE.

Written by DR. MICHAEL DURFEE

On the merits of combining law enforcement, politics and psychotherapy and on the relative virtue of reporting child abuse.

There are two parallel themes involved in child abuse. The first is the phenomena of the abuse itself. The second involves the denial of the existence of that abuse by the community, including by those of us who call ourselves professionals.

I wish to address the second phenomenon philosophically and pragmatically. We professionals seem to avoid involvement in the problems of others at least in part to protect ourselves.

It is interesting to see the culture pointing the blame at a visible violence out there and refusing to examine the violence within our families. We play out the themes of violence, emotional neglect and sexual perversion, at least in muted style, within our own families. To quote Walt Kelly through Pogo, "We have found the enemy and he is us."

Incest in particular brings home the point. Even in literature we manage denial by placing the onus on the child. Sophocles' "Oedipus" killed his father and married his mother. Lot's daughters in the Bible gave him wine so that "they might lie with him." Lolita assaulted poor Humbert Humbert.

The medical literature does not even index child abuse until 1965, incest until 1967 and infanticide until 1970. Nationally, laws against child abuse did not appear until the mid-1960's. Clinical programs and legal intervention for incest have only occurred in volume in the last few years. We have yet to acknowledge with viable interventions the rather common misparenting of infants.

Our department's child abuse program has a few long-term superheroes, but for the most part it has begun to function only in the last two or three years. We continue to maintain a high level of concern that we might be sued, break some code or lose a client's trust if we actively intervene to protect the safety of a child. Some professionals maintain a denial that child abuse even exists among their present caseload or geographic area of responsibility.

The professionals that I hear complaining loudest about the hazards of reporting child abuse are not the clinicians with extensive experience in reporting. The response that I hear from those clinicians who do report is that reporting and active intervention keeps the client.

A family may go through a series of professionals seeking intervention, looking for the clinician who will finally report them.

The major resistance that I see in clinicians avoiding these issues does not seem rational. We all seem to be more driven by our need to avoid direct personal involvement and by our need to be liked. These are real phenomena and, I find, the source of my personal mismanagement of abusive families in my care.

We avoid advocating for the unseen children of adult clients because politically it is difficult. We deny the existence of the majority of children in the child abuse system that are not brought to our care.

Consider the following: 28,093 families (57,394 serviced children) reported as possible child abuse cases in L.A. County in 1980; court petition requests up 69 percent, 1977-79; a large percentage of children preschool age placed in MacLaren Hall in 1976 received no treatment program for themselves or their parents.

Child abuse reporting is surpassed only by venereal disease. Among reportable disease we find: venereal disease 794.4/100,000 population, child abuse 387/100,000 population (rises to 1,367/100,000 child population). In L.A. County, six children under age two and 24 children under age three contracted gonorrhea, probably sexually, in 1980. These numbers rise rapidly with age.

In one family alone, a four-year-old starved to death, the seven- and five-year-old were removed from foster care for repeatedly sexually assaulting their three-year-old sister, and the pregnant daughter received no referral help.

Several coroner's cases involving children are going to inquest in large part because of new information systems built between departments.

This data suggests to me that child abuse detection is increasing rather rapidly. It suggests that clinicians will find it increasingly difficult to avoid involvement. It suggests the department's caseload of abusive families will most probably grow rapidly higher.

We will all do well to raise our awareness and level of skill or to massively raise our level of denial.

Dr. Michael Durfee is a child psychiatrist and is the coordinator for Child Abuse Services within both the Los Angeles County Department of Mental Health and the Los Angeles County Department of Health Services.

The opinions expressed in ESSAY are those of the author.

CUTBACKS

Cuts of \$9.6 million mean nearly \$12 million is lost in services because with the cuts patient fees and Medical are not generated.

"It's impossible to protect programs you want to keep when you have a cut of this magnitude. If you



Dr. Richard Elpers

cut outpatient services, then everything backs up in the inpatient (hospital)," Elpers explained.

"The Governor's new budget allegedly has \$2.6 million so called 'new money' for Los Angeles County, but that is taken from the hospital system," said Elpers.

"Money taken from one part of the system and given to the other is only a transfer of responsibilities, not additional (new) money," Elpers stated.

The estimate is that 38 percent of the cuts will come from the County Department of Mental Health, 36 percent from public contract services (probation, public guardian, health services) and 26 percent from private contractors.

"We realize there is no way we can take these cuts without depriving large numbers of patients of vitally needed services," he continued. "The personnel cuts are painful for me but even more painful is the loss of services to persons very much in need.

It is expected that cuts in personnel will amount to roughly 250 positions for the county alone and proportionately for the contract services.

When asked to specify which services would be

lost, Elpers gave examples of the need to cut 37 percent of children's services (close one entire ward for adolescent services at USC), 59 percent of adult services and four percent of preventative efforts.

"There was not much left in preventative services so there is not much we can cut. So much has been cut in the past," he said.

The list of cuts has not yet been prioritized.

The department staff has had close contact with their Regional Community Liaison Committees as the original cut list was prepared.

No one supports the reductions, but the decision is a careful, honest and equitable effort, Elpers reported.

Now the monumental task for the Liaison Committees will be to address the question of the remaining portion of the \$9.6 million cuts.

VIEW: Editor's Piece

Clearly the budget cuts proposed by the legislature of \$9.6 million for mental health services in Los Angeles county will do damage to the system.

People will need to inform the legislature if they don't want cutbacks in services in July. The calls and letters must be accomplished by mid May if the impact is to be felt in time.

Persons who receive mental health services often are not able to speak for themselves so it requires the efforts of those of us who care enough to let our views be known.

Mental illness is the nation's leading health problem and annually hospitalizes more than all other disorders combined. One person in every four families is effected by mental illness.

Our state representatives need to hear from us to hear our concern that needed mental health services must be funded.

To write, address your Assembly member and State senator at State Capitol, Sacramento 95814.

L.D.W.

SOME PLAIN TALK ON SCHIZOPHRENIA

by Dr. Robert P. Liberman

Schizophrenia is a term just about everyone has heard. However, most people are not sure what schizophrenia really is, what causes it, and what can be done about it. Schizophrenia is not as mysterious or strange as one may think it to be. But, on the other hand, a total understanding of schizophrenia still eludes doctors and scientists.

There are a few things that are definitely not schizophrenia and which need to be clarified. Schizophrenia does not mean a "split personality" which is a very rare disorder in which a person shifts between two or more personalities but is always in contact with reality. Schizophrenia is not the same as "insanity," a legal term that is defined in a number of ways according to the law. Schizophrenia is not a "nervous breakdown," a vague slang term referring to almost any emotional disorder that interferes with a person's normal functioning and which often leads to hospitalization.

Question: What is schizophrenia?

Answer: If you're a bit confused about what schizophrenia is, you have a lot of company. It's not that psychiatrists and psychologists have no ideas about schizophrenia, but rather, until recently, there was little agreement on the exact definition of the term. One of the reasons behind the confusion was that the term "schizophrenia" had been used to label a wide range of emotional disorders.

A schizophrenia diagnosis can be applied to people whose behavior shows very little apparent similarity. There is, however, a common denominator among the various "schizophrenias" that accounts for their being lumped together.

At the most general level it can be said that a person suffering from schizophrenia has a different experience of reality than other people. This means that the person with schizophrenia sometimes relates to persons and events in a manner that is different enough from what most people usually expect that it can be said that the schizophrenic has had a split with reality.

Some of the unusual experiences that a person with schizophrenia goes through include beliefs that his/her thoughts are being spoken aloud and broadcast to others, thoughts are being taken away by someone or something, thoughts or actions are being controlled by people or forces outside of himself, body is being penetrated by an external force, alien thoughts are being placed in his mind and movements are being watched or in danger by an outside force or person.

Question: How can the diagnosis of schizophrenia be made? How can a doctor tell that a person is suffering from schizophrenia?

Answer: There are no laboratory tests (blood, urine tests, x-rays or brain wave tests) that can be used to determine the diagnosis of schizophrenia. Like that of other mental and emotional disorders, it is made solely on the basis of how a person acts, behaves, feels and thinks. With schizophrenia, there are major disturbances in a person's behavior, thoughts and feelings which can be detected by a trained psychiatrist or psychologist through careful interviewing and observation. It is important to understand that every aspect of a person's behavior, thoughts and feelings is not always totally "normal" or abnormal. A so-called normal person may at times experience states of confusion or anxiety, depression, or poor work and social functioning. This especially happens when stressful situations, like the death of a loved one, occurs. Likewise, a person classified as schizophrenic does not behave "abnormally" all of the time or perhaps even most of the time.

The application of the diagnostic term "schizophrenic" comes about as a result of observing a person's behavior and asking specific questions that get at the way a person is thinking and feeling. While it is impossible to experience exactly what another person experiences, psychologists and psychiatrists can look for

clues to schizophrenic thinking in a person's behavior and conversation. Usually schizophrenia produces widespread disturbances in almost all areas of a person's life. Some important areas of living and functioning which are disturbed in schizophrenia are social behavior, work behavior, self care, feelings and thoughts.

It might be apparent that the problems of schizophrenics do not differ appreciably from general problems in living experienced by almost everyone who has to face stress and difficulties. The critical distinction between normal problems in living and the sort of problems that become indicative of schizophrenia lies in the pervasiveness, severity, and chronic, nonimproving nature of the latter sort of problems. Persons should not be classified as having schizophrenia unless they have had serious problems in living, thinking, and feeling for at least six months. Some severe "breakdowns" seem like schizophrenia, but often are just temporary upheavals that do not persist.

Question: Do all schizophrenics show the same symptoms?

Answer: No. Although there are basic features or symptoms common to all schizophrenics, other aspects of the illness and the pre-illness personality which lead to different degrees of severity of schizophrenia and to different outcomes. For example, sometimes the schizophrenic reaction can occur suddenly (this is called "acute" or "reactive" schizophrenia), or it may develop gradually (this type is referred to as "chronic" or "process" schizophrenia). All schizophrenics may exhibit behavior largely characterized by silliness, paranoia, delusions (feeling persecuted or grandiose), or catatonic symptoms (extreme withdrawal or extreme excitement).

Question: What is the purpose of giving a person the diagnosis of schizophrenia?

Answer: Sometimes it is easier to convey a person's problem to another professional by simply referring to the diagnostic category rather than by listing the various behaviors which led to the diagnosis. The diagnosis of schizophrenia, when it is carefully made, also suggests that certain drugs, called antipsychotic tranquilizers or neuroleptics, will be helpful in combating the symptoms.

Question: Don't psychologists try to get at the root of the problem so that the observable symptoms go away?

Answer: Some psychologists take that approach but it sometimes seems more efficient to deal with the observed behavior as the problem itself rather than viewing it as being a symptom of the problem. In this way both the patient and psychologist know exactly what is being dealt with and the mysteriousness associated with psychotherapy is greatly diminished.

Next month Dr. Liberman will explore the causes of schizophrenia.

Dr. Liberman is the Chief Rehabilitation Medicine Service at Brentwood V.A. This material was presented at the Brentwood V.A. Medical Center and was developed with the support of the National Institute of Mental Health, research grant #30911.

TRAINING OFFERED

Physical disability is a family matter. When crippling accident or illness strikes, 80 to 90 percent of all families do not have the skills to cope with the stress and separate within five years. Until now, there have been few programs which provide support, develop resources and help families adapt to what is inevitably a new way of living.

It is important to reach this population with counseling services which can provide support in developing resources and minimizing additional stress. Wright Institute of Los Angeles, an independent nonprofit, educational and social action research institution, has developed a training and service program which is designed for people with physical disabilities such as spinal cord injuries, cerebral palsy, spina bifida, amputation and multiple sclerosis, among others.

A nine month training program for mental health professionals will address this need and provide concurrent services for clients and their families. The fee for the training is \$25 per month. Continuing Education credit is available to psychologists, social workers and nurses. Clinicians would be permitted to use clients from their current caseload as training cases for this program.

If you would like to participate, call 550-0571. The Wright Institute is located at 1100 S. Robertson Blvd., Los Angeles.

LEGISLATIVE ANALYSIS

REAGAN JEOPARDIZES MHSA

National Mental Health Association Briefing

The Administration proposes repeal of the Mental Health Systems Act (MHSA), replacing it and 15 other health programs with a block grant to states. At the same time, federal funding for these programs would be cut 25% cuts in funding will in many states translate into even greater cuts for mental health; not only must mental health services compete with the other 14 programs folded into the block grant (e.g., emergency medical services, primary and community health centers, migrant health programs, alcohol and drug abuse, hemophilia, and sudden infant death syndrome programs), but states need not spend these funds on only these programs; instead, they could use them for any health service.

The Administration also argues that much of the cut can be recouped by savings in administrative costs — but such savings are more accurately estimated at 10%, not counting the increases in administrative costs at the state level.

The federal contribution to community care programs has stimulated \$3 of state, local, and other funding for each federal \$1 spent and has initiated a network of almost 800 community programs, now serving 2.5 million persons per year, most of whom have incomes under \$5,000 per year.

Except in a few instances, notably California, state contributions to mental health care remain primarily in the institutional area: states spend only about \$1.1 billion on community programs but about \$3.1 billion on institutional care. The proposed mental health and medicaid cuts add even more pressure on states to rely on expensive inpatient and institutional care.

A 25% cut in the federal contribution to community care would mean:

- severe reductions in Community Mental Health Center services with 600,000 or more individuals unable to receive the treatment they need
- cuts in CMHC prevention and early intervention programs; programs which cannot generate third party revenue and are the first to be cut as

CMHC budgets are reduced

- individuals who could have been treated in the community will require institutional care, which is expensive in the long term.

- cost savings from the CMHC program will be lost (between 1960 and 1970 the shift to community care saved the nation \$6 billion in hospital construction costs and \$6 million in treatment costs)

- cuts in community care, compounded by the Medicaid cap, will reduce community care for low income individuals and will presage a return to institutional care for the mentally ill in many states

- inappropriate utilization of medical services will increase (data show reductions of nearly 50% in medical/surgical utilization when outpatient benefits are offered; medical outpatient services reduction of 30-40%)

- all new initiatives to serve underserved populations as intended under the MHSA will be lost (children, elderly, minorities, chronically mentally ill; and others now seriously underserved were targeted to receive assistance).

President Reagan sent his budget to Congress March 10. The budget committees will shortly make overall recommendations for 1982 health spending and soon the appropriations committees will allocate specific funds for mental health programs (or for general Health Services, if mental health is folded into a block grant).

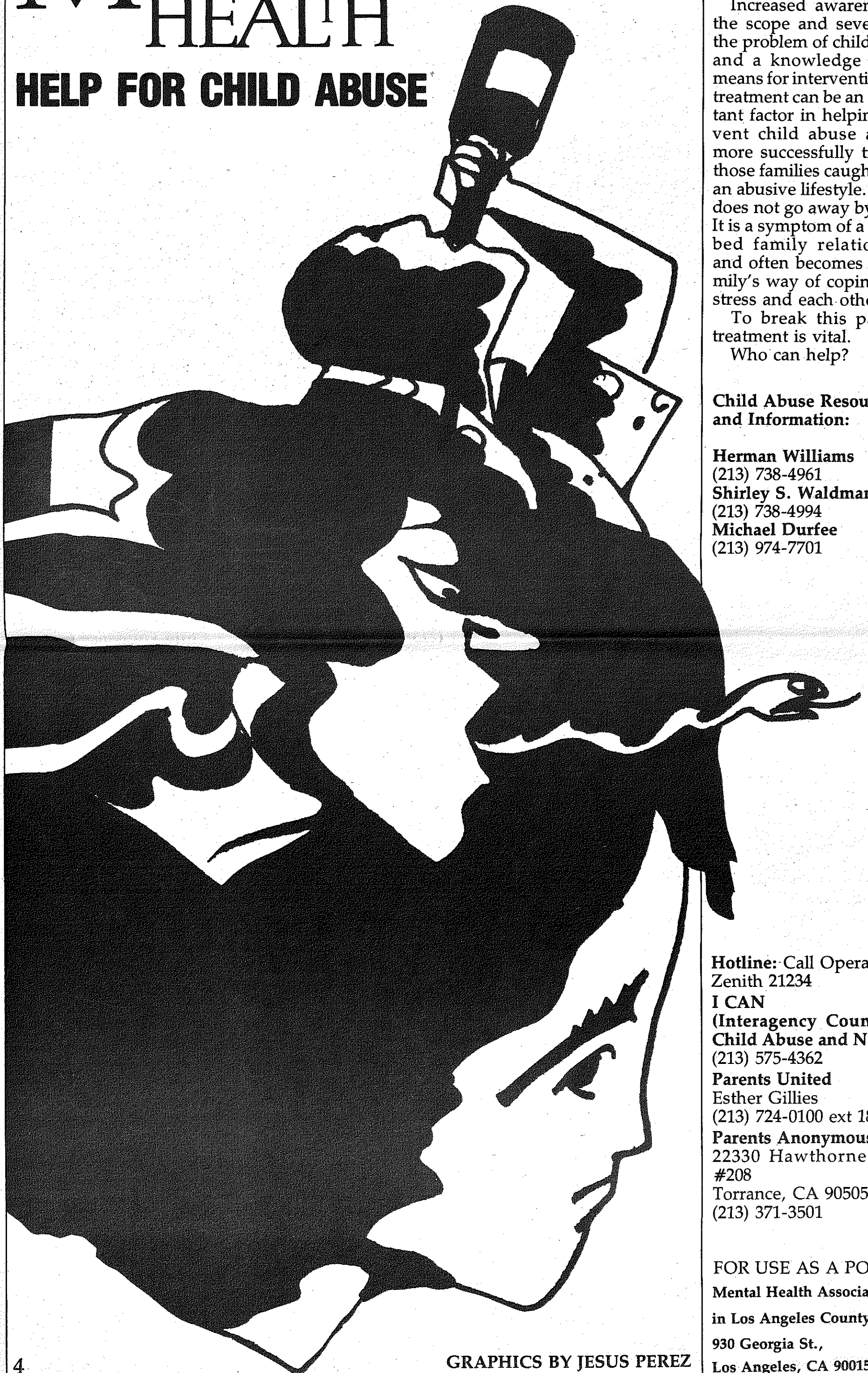
Changes in the President's proposal can be made in Congress. To express your views write your representative.

Representatives to the House from Los Angeles County are Glenn M. Anderson, Anthony Beilenson, George E. Danielson, Julian Dixon, Robert Dornan, David Dreier, Mervyn Dymally, Bobbi Fiedler, Barry Goldwater, Jr., Wayne Grisham, Augustus Hawkins, Dan Lungren, Carlos J. Moorhead, John H. Roussetot, Edward R. Roybal, William Thomas, and Henry A. Waxman.

**House Office Building
Washington, D.C. 20515**

MENTAL HEALTH

HELP FOR CHILD ABUSE



Increased awareness of the scope and severity of the problem of child abuse and a knowledge of the means for intervention and treatment can be an important factor in helping prevent child abuse and in more successfully treating those families caught up in an abusive lifestyle. Abuse does not go away by itself. It is a symptom of a disturbed family relationship and often becomes the family's way of coping with stress and each other.

To break this pattern, treatment is vital.

Who can help?

Child Abuse Resources and Information:

Herman Williams
(213) 738-4961
Shirley S. Waldman
(213) 738-4994
Michael Durfee
(213) 974-7701

Hotline: Call Operator
Zenith 21234

I CAN
(Interagency Council on
Child Abuse and Neglect)
(213) 575-4362

Parents United
Esther Gillies
(213) 724-0100 ext 1814

Parents Anonymous
22330 Hawthorne Blvd.
#208
Torrance, CA 90505
(213) 371-3501

FOR USE AS A POSTER
Mental Health Association

in Los Angeles County

930 Georgia St.,
Los Angeles, CA 90015

GRAPHICS BY JESUS PEREZ



SOUTHEAST REGION

ARTESIA
BELL
BELL GARDENS
COMPTON
CUDAHY
DOWNEY
HUNTINGTON PARK
LYNWOOD
MAYWOOD
PARAMOUNT
SOUTH GATE
TORRANCE
VERNON

**San Antonio
Mental Health Center
Parent Effectiveness
Training**
Julius I. Fuller
6343 Eastern Ave.
Bell Gardens, CA 90201
(213) 771-7761

**Black Child Abuse
and Neglect Council**
7100 S. Western Ave.
Los Angeles, CA 90047
(213) 224-3283

**Kedren Community
Mental Health Center**
710 E. 111th Place
Los Angeles, CA 90059
(213) 777-1411

**Central City
Mental Health Center**
4211 Avalon Blvd.
Los Angeles, CA 90011
(213) 232-4111

**Child Adolescent
Unit Service Dept. of
Human Behavior**
M.L.K. Drew-King
1721 E. 120th
Los Angeles, CA 90059
(213) 603-4807

Downey Family Service
11455 Paramount Blvd.
Downey, CA 90241
(213) 923-6548
and County mental
health services

CENTRAL REGION

COMMERCE
LOS ANGELES
MONTEBELLO
MONTEREY PARK
PICO RIVERA

**For Information:
Child Abuse Coordinator
Renee Woodruff
(213) 299-3680**

**Hollywood Mental Health
Services**

4759 Hollywood Blvd.
Los Angeles, CA 90027
(213) 669-1060

Catholic Social Services
1400 W. Ninth St.
Los Angeles, CA 90015
(213) 385-7211

**USC Child
Adolescent Outpatient
Intake**

1937 Hospital Place
Grad Hall
Los Angeles, CA 90033
(213) 226-5276

Thalian CMH Center
8730 Alden
Los Angeles, CA 90048
(213) 855-3504 adults
(213) 855-3531 children

**East LA Mental Health
Service**
512 S. Indiana St.
Los Angeles, CA 90063
(213) 268-9161

COASTAL REGION

AVALON
BELLFLOWER
CARSON
CERRITOS
EL SEGUNDO
GARDENA
HAWAIIAN GARDENS
HAWTHORNE
HERMOSA BEACH
INGLEWOOD
LAKWOOD
LAWDALE
LOMITA
LONG BEACH
MANHATTAN BEACH
PALOS VERDES ESTATES
REDONDO BEACH
ROLLING HILLS
ROLLING HILLS ESTATES
SANTA MONICA
SIGNAL HILL

**For Information:
Child Abuse Coordinator
Coastal Region
Beatrice Rasoff
(213) 533-3177**

Richstone Center
13620 Cordary Ave.,
Hawthorne, CA. 90250
(213) 970-1921

Cedar House
605 Cedar Ave.,
Long Beach, CA. 90802
(213) 436-8276

SAN GABRIEL VALLEY REGION

ALHAMBRA
ARCADIA
AZUSA
BALDWIN PARK
BRADBURY
CLAREMONT
COVINA
DUARTE
EL MONTE
GLENORA
INDUSTRY
IRWINDALE
LA MIRADA
LA PUENTE
LA VERNE
MONROVIA
MONTEREY PARK
NORWALK
PASADENA
POMONA
ROSEMEAD
SAN DIMAS
SAN GABRIEL
SAN MARINO
SANTA FE SPRINGS
SIERRA MADRE
SOUTH EL MONTE
SOUTH PASADENA
TEMPLE CITY
WALNUT
WEST COVINA
WHITTIER

**For Information:
Child Abuse Coordinator
Geri Hatcher
(213) 445-4350**

Parents Anonymous
(800) 421-0353

For Kids Sake
753 W. Lambert Rd.
Brea, CA 92621
(213) 691-9300

Parents United
5427 Whittier Blvd.
Los Angeles, CA 90022
(213) 724-0100 ext. 1814

Mid Valley MH Center
10802 Ramona Blvd.
El Monte, CA 91734
(213) 443-8173
(213) 443-2214

**La Puente Community
Mental Health**
160 S. Seventh Ave.
La Puente, CA 91744
(213) 961-8971

Pasadena Child Guidance
56 Waverly Dr.
Pasadena, CA 91105
(213) 795-8471

SAN FERNANDO VALLEY REGION

BURBANK
CANYON COUNTRY
GLENDALE
HIDDEN HILLS
LANCASTER
NEWHALL
PALMDALE
SAN FERNANDO
SAUGUS
VALENCIA

**For Information:
San Fernando
Valley Region
Melba Bouquet
(213) 362-1561, ext. 361**

**Family Stress Center
San Fernando Valley
Child Guidance Clinic**
7347 Van Nuys Blvd.
Van Nuys, CA 91405
(213) 989-5975

**Children's Bureau L.A.
Family Crisis Center
Emergency Shelter Care**
(211) 908-5060
(213) 989-3157, 24-hour

**Hathaway Children's
Services
Hope Community MH
Center**
11600 Eldridge St.
Lakeview Terrace, CA
91342
(213) 896-1161

**San Fernando Valley
Child Guidance Center**
9650 Zelzah
Northridge, CA 91325
(213) 993-9311

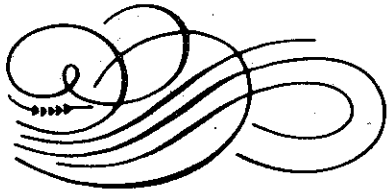
**San Fernando
Mission Hills
Mental Health Center**
14445 Olive View Dr.
Sylmar, CA 91342
(213) 362-1561

Verdugo MH Center
417 Arden Ave.
Glendale, CA 91502
(213) 244-7257

**And County Mental
Health Centers in the San
Fernando Valley**



LOS ANGELES COUNTY COASTAL REGION



MILLER'S ROLE

The second in a series of articles focusing on one of the five Department of Mental Health, Los Angeles County, regions.

"It's the toughest job I've ever had by far. It's challenging and I love it," said Dr. Milton H. Miller of his position as regional director of the Coastal Region, a post he has held since 1978.

"To do my job requires everything I know about psychiatry, money, politics, odds, life," he said.

As regional director, Dr. Miller said he tries to "limit the

"To do my job requires everything I know about psychiatry, money, politics, odds, life."

number of wars you take on in any given moment, and think about how 'a' can link with 'x' and how 'r' ties up with 'q.'"

Dr. Miller viewed his role as regional director as three-fold. First, he said, "you must constantly remind people of how good things could be."

His second responsibility is adjunct to the first. "You yourself have to have a several-year view of how good it could be and a plan in your head of how to get there," he said.

"You have to have a long-term perspective as well as for the here and now," said Dr. Miller.

Finally, Dr. Miller, stating that "society is set up so that if nature takes its course, some people are going to do badly," said that "we must be helpful to those with a destiny to do badly."

Dr. Miller said that he finds being a psychiatrist an asset in doing his job.

"Knowing a lot about psychiatry helps a lot in managing a system," he said. "I love being a psychiatrist. I have come to feel competent and confident."

In addition to psychiatry, another area of specific interest to Dr. Miller is the union of the

academic, private and public aspects in the health care system.

"Unless there's a union of the academic, private and public, the whole health care suffers," he said. "I get a chance to melt the academic and the public, and mostly (in health care), that doesn't happen."

Regional director is but one of Dr. Miller's titles. Concurrent with this position, he is professor and chairman of the department of psychiatry at the Los Angeles County Harbor-UCLA Medical Center. In this capacity, he supervises 25 physicians studying psychiatry. Dr. Miller is professor and vice-chairman of the department of psychiatry at UCLA. He is also a deputy director of the Los Angeles County Department of Mental Health.

Such diversity is not new to Dr. Miller, who brings varied experiences, background and interests to his present position. His peers often speak of him as a Renaissance man.

He has written a book titled, "Psychiatry: A Personal View," due to be published this August. He is currently working on a novel, "Chinese Facts of Life," with a publishing date of 1982. He has authored numerous papers which have appeared in various journals.



Dr. Milton Miller

Prior to his acceptance of the regional director position, Dr. Miller served as the director of

the World Health Organization training center at the University of British Columbia. Dr. Miller served as WHO consultant to Bangladesh in 1978 and 1980, and as a WHO consultant to the government of Thailand in 1974. He has traveled to Thailand as a visiting professor several times, and he has spoken and traveled in 30 countries.

Following an internship at Indianapolis General Hospital in Indiana and a residency at the Menninger School of Psychiatry in Kansas, Dr. Miller began his psychiatric career at the University of Wisconsin as an instructor, attaining chairmanship of the department of psychiatry in 1961.

While at the University of Wisconsin, Dr. Miller, studying the adaptation of 500 Chinese international students studying at the university, undertook the task of learning Chinese, which he said he presently speaks at the third-year college level.

"It's the bitterest and sweetest experience of my life. The study of the Chinese language is overwhelming and unmatched. I'm quite captured with the language," he said.

From his conversation, Dr. Miller also appears to be quite captured with his job as regional director.

"I take this job very seriously," he said. "There is no other job I would accept."

DIVERSIFIED NEEDS

Significant diversity in economic, age and ethnic communities found in the Coastal Region has created a need for culturally sensitive mental health services, according to Dr. Milton H. Miller, regional director.

Contained within the region are communities such as Rolling Hills, Bel Air and Beverly Hills at one end of the economic spectrum; and Hawaiian Gardens, which was identified in a recent survey as having the lowest per capita income of any city in the state of California, on the other end.

Persons 65 and older comprise 12 percent of the population in Santa Monica and 29 percent of the population in Long Beach, in contrast to the Los Angeles County-wide average of nine percent. In Rio Hondo, 40 percent of the population consists of persons under 17 years of age, in contrast to the 24 percent county-wide average.

There has been a large increase in the black population in Inglewood and Carson, an influx of Spanish-speaking and Pacific Islands peoples in the South Bay area, an increasing Indo-Chinese refugee population in the beach cities and Long Beach area, an increase of Spanish surname and black populations in the Santa Monica area and a 40 to 60 percent increase in

Spanish speaking persons, including undocumented workers, in the Harbor-UCLA area.

Providing culturally sensitive mental health services for persons with different cultural backgrounds "is a profound problem," said Dr. Miller. "All societies have horrible prejudices about mental illness, (and this is) mixed with general cultural barriers."

Additionally, knowledge of community mental health resources is often lacking at the citizen level and basic fears of persons who are in this country illegally also deters persons from seeking mental health services.

"All societies have horrible prejudices about mental illness."

What is needed at the community level, according to Dr. Miller, are "leaders of the ethnic community who are conscious raisers."

From the standpoint of the mental health professionals, Dr. Miller said that "it takes an enormous effort to service people whose ethnicity is in some instances different than the caretakers. You have to want to help them and you have to have people who are bicultural and bilingual who want to serve them and who have the right attitude."

The mental health field needs "people who are committed, competent and who have the right attitude, that being if you don't do it, it won't get done," said Dr. Miller, who places the emphasis on expectations and responsibility rather than daily reports with his staff.

Dr. Miller's central administrative staff includes James Allen, chief administrator; Boyd Krout, associate regional director; Balbir Bajwa, Harbor-UCLA chief psychiatric nurse; E.D. Dominguez, planner; and Carlene Johnson, continuing care coordinator.

His district directors are Dr. Richard Hartman, Long Beach district; Dr. Albert Kettenis, Santa Monica West district; Dr. Ronald Higgenbotham, South Bay district; and Dr. Richard Schnell, Rio Hondo district. Dr. Miller is recommending Dr. Joel Foxman to head the new community mental health center in San Pedro.

COASTAL REGION IS:

The Coastal Region is:

- 2.2 million people
- 412.5 square miles
- 65 miles long
- 33 cities and Catalina Island
- 28 police departments
- 20 private mental health contracts
- 4 County Mental Health districts:
 - Long Beach MHS
455 W. 14th St.
Long Beach, CA 90831
 - Rio Hondo MHS
1200 N. Firestone Blvd.
Norwalk, CA 90650
 - Santa Monica West MHS
1525 Euclid Ave.
Santa Monica, CA 90404
 - South Bay MHS
13543 S. Hawthorne
Hawthorne, CA 90250

PEOPLE CONNECTION

TLC MEANS TENDER LOVING CARE

by Julia Scalise

Psychosocial rehabilitation is the "thrust of programming" for the 1980's, believes Ellie Gersten, ACSW, executive director of Transitional Living Centers, a unique program in the Coastal Region providing just that kind of treatment.

Transitional Living Centers for Los Angeles County, Inc. (TLC) is a comprehensive non-medical psychosocial rehabilitative program designed to provide rehabilitative services to severely emotionally disabled adults.

A third group, made up of parents and friends of residents in the program, "is active in securing donations for the program and is helpful in community acceptance," Gersten said.

TLC's program is "movement oriented," according to Gersten, and emphasizes growth and high expectations.

"We expect the client to assume increased levels of responsibility for functioning," said Gersten. "The clients are expected to be productively occupied most of the time."

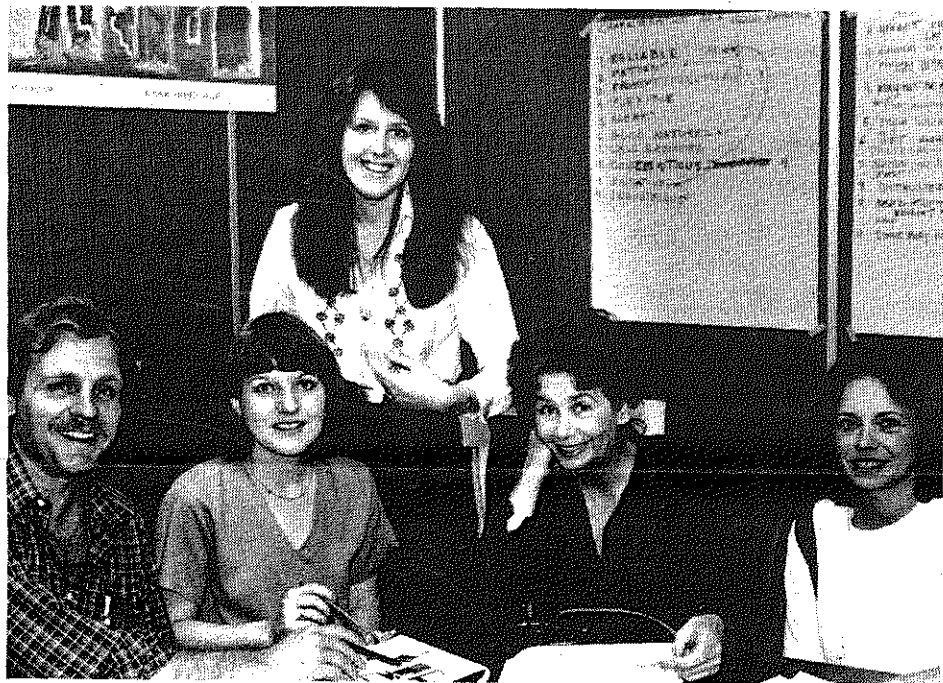


photo by Julia Scalise

TLC staff Bill Ruhs, vocational coordinator; Patti Williamson, Phase II coordinator; Judy Wegliski, vocational evaluator; Ellie Gersten, executive director; and Mary Czech, Phase I coordinator.

"The focus is to provide a normalized setting with the least amount of controls possible for the patient to function," said Gersten. "Our goal is to help them attain their own potential for independent living and an improved quality of life."

Funded under the Bates Bill through a Los Angeles County Department of Mental Health Short-Doyle contract, the program received its initial funding in June 1979, and began operation in September 1979. It was founded by Max Schneier, currently honorary chairman and member of the TLC Board of Directors, and is modeled after Transitional Services, Inc. in New York.

TLC also has a professional advisory committee of 12, whose purpose is to "continually give us input and to evaluate," according to Gersten.

TLC operates as a graduated residential continuum and is divided into two components.

Phase I, the level at which clients enter the program, is a "structured residential environment," according to Gersten, with 24-hour staff supervision. Phase I has two residences, in Hawthorne and Torrance, and has 39 clients.

Its focus is in "teaching skills and independent living to help them prepare to move to more independent living in Phase II," said Gersten.

Phase II is the supportive living component of the program, with 28 clients participating at this level. The agency has leased six apartments, which are sublet to the residents. Case managers visit the clients daily and staff is available on a 24-hour basis.

Duration of stay at each phase is flexible, but generally a client spends approximately six months in Phase I before advancing to Phase II, where the average length of stay is one year.

Additionally the program opened its first live-in staff long-term house on March 1. A private residence in Redondo Beach for six persons was leased by TLC, where there is no limitation on length of stay for the clients.

All clients participate in the vocational/socialization program, which contains employment oriented vocational training programs, volunteer opportunities, daily-living work units and a craft production unit. TLC recently acquired a plant nursery, at which clients work and where the handicrafts produced by the clients are sold.

Entrance to the program is made through referrals from mental health professionals. Clients accepted into the program must not have a primary diagnosis of alcohol or drug abuse, a recent history of assault or arson or have made a serious suicide attempt within the previous month.

TLC's primary struggle has been with community acceptance, according to Gersten, who said that the "program was established through a series of legal battles with those who resisted having this in the middle of their community.

"Stigma and fear produce hostility, but 80 percent of that has died down. Our neighbors are not up in arms, and we get very little negative attention," she said.

TLC has been involved with lawsuits with the cities of Torrance and Hawthorne, the former concerning zoning issues. TLC won a temporary injunction order in the case with Torrance, which was reversed in the city's favor in the Court of Appeals. TLC is presently in the process of petitioning the State Supreme Court to hear the case.

TLC also experienced problems during its developmental stage, when a number of staff left in December 1979.

Because of the short time the program has been in existence, there are no figures relating to its success, but Gersten projects that about 30 percent of those completing the program will become competitively employed on a full-time or part-time basis.

COCKS: RCLC'S INVOLVED LEADER

Active and lively are two words one might use in description of the chairperson of the Coastal Region Regional Community Liaison Committee, Cora Cocks, who contends that "a lot of advisory committees are window dressing" but does not want the Coastal Region RCLC to fall into that category.

As in the four other Los Angeles County Department of Mental Health regions, the Coastal Region RCLC is a concerned citizens advisory committee with the purpose of providing input to the planning process of the region.

"Our function is to look at the needs of the community in the region and figure our priorities," said Cocks.

Of main interest to Cocks is to try to "keep the mental health services we need in our community." Another principal interest is mental health for the elderly, which the 78-year old Cocks says is "such a neglected field," a situation she says she is trying hard to change.

"In the past I'm sure there hasn't been enough awareness about mental health services (for the elderly)," she said. "I'm trying hard to change that attitude."



Cora Cocks

As chairperson, Cocks said she intends to work toward "closer communication between the board and the department. We don't get enough follow-up and that bothers me."

This ties in with what Cocks considers one of the frustrating aspects of being a member of the RCLC.

"There is a feeling on the part of the committee that we aren't paid enough attention to and that things are decided on another level," said Cocks. "You've decided with your best judgement and the money isn't there or something changes and that's frustrating."

"If they are going to have an advisory committee, the committee should have all the data. They ought to know that there isn't money or that things that you've decided are going to be changed."

A 52-year resident of Long Beach, Cocks' involvement with the mental health field began during the 1960's when she served as the chairperson of the mental health committee of the Long Beach Community Welfare Council. The Council was comprised of the health and welfare agencies in the city.

She also was appointed by the Board of Supervisors to the Mental Health Advisory Committee during the late 1960's.

Cocks' community involvement is not limited solely to the mental health field, however. She was vice-chairperson of the County Commission on Public Social Service, again a supervisory appointment. She ran the first birth control clinic in Long Beach for 11 years beginning when she was 64 years old.

Currently, she is president of the board of the Long Beach Geriatric Health Care Council, also known as SCAN (Seniors Care Action at Work).

Cocks has become somewhat of a local celebrity, having made several appearances on local television programs. She appeared on a segment of KABC-TV's "Seniors and Sex" with Dr. William Rader, a program which will be repeated later this month, on May 22. She talked about SCAN with host Hugh Downs on "Over Easy." She appeared on a local university television station, speaking on abortion. She also spoke on sex and seniors on a local San Francisco television station. Additionally, she is in Dr. Milton Miller's new book, "Psychiatry: A Personal View."

Cocks said she enjoys all this activity and involvement.

"I'm enjoying everything I do. I'm enjoying being an older person. Life is so good."

CALENDAR

May 6

Interagency Committee on Mental Health meets 9:30-11:30 a.m. in the conference rooms at the Department of Mental Health, 2415 W. Sixth St., Los Angeles. A coalition meeting will follow. All interested agencies are welcome. Street parking only.

May 6

Workshop: "The Chronic Patient and the Community: Can Deinstitutionalization Really Work?" will be held 1-5 p.m. at the Didi Hirsch Community Mental Health Center, 4760 S. Sepulveda, Culver City. Designed for those working with the chronically mentally ill, the workshop will be led by Tony Lehman, M.D.; Scott Sherman, Ph.D.; and Marilyn Demarias, R.N., M.N.

For information, call 390-6612.

May 9

Project Return conference on "Advocacy and Rehabilitation: Partners in Recovery" offers a unique opportunity for parents, friends, professionals, concerned citizens, and club members to explore approaches to advocacy and rehabilitation programs.

The conference will be held in Patriotic Hall, 1816 S. Figurea St., Los Angeles from 8:30 a.m.-4:30 p.m. Checks for \$15 for MHA Project Return can be mailed to P.O. Box 3567, Santa Monica, CA 90403.

Telephone 478-3711, ext. 4190 for information.

May 11

"Information and Referral I: Problem Assessment" is the first in a series of seminars designed for those persons already performing referral duties and agencies where personnel perform multiple services for the public. The class will be held a.m.-4 p.m. at the Davidson Conference Center, USC.

May 12

Stress Management Workshop sponsored jointly by MHA and West L.A./Beverly Hills YWCA will have Dr. Jean La Cour as leader. The workshop is 1:30-3 p.m. at 10936 Santa Monica Blvd., West Los Angeles.

For information, call 478-1228.

May 14

The 7 p.m. meeting of Westside and Coastal Friends will have Dr. David Foy, Chief of Rehabilitation Medical Service Training, Brentwood Medical Center, speaking on "Choosing a Good Therapist." The meeting will be held in the VA Theatre, building 208, on the north side of Wilshire Blvd., Brentwood.

The group of parents and friends joined together around the concerns of young adults suffering from mental illness.

For information, call 393-7038.

May 16

Pasadena Mental Health Center will present 31 personal and professional growth workshops (CE credit) with the theme "Skills for More Effective Living." The Saturday workshops will be held 8:30 a.m.-4 p.m. at Westminster Presbyterian Church, 1757 N. Lake, Pasadena.

For information, call 798-0907.

May 19

"The Dually Diagnosed/Client Developmentally Disabled and Mental Ill" seminar will focus on: appropriate treatment modalities, legal rights, identification, medication management and the role of significant others in the treatment process. Led by George Mallory, M.D., staff psychiatrist at Martin Luther King Jr. Hospital, Department of Psychiatry, the class is from 1-4 p.m. at the Department of Mental Health, 2415 W. Sixth St., Los Angeles.

For information, call 738-4971.

May 20

Stress Management Workshop sponsored jointly by MHA and West L.A./Beverly Hills YWCA will have Dr. Jean La Cour as leader. The workshop is 7:30 p.m.-9 p.m. at 10936 Santa Monica Blvd., West Los Angeles.

For information, call 478-1228.

May 21

Dr. Barbara Clark will present a workshop on the "Joys of Parenting the Gifted Child," co-sponsored by MHA and the West L.A./Beverly Hills YWCA. The workshop is 7:30-9:30 p.m. at 10936 Santa Monica Blvd., Los Angeles.

For information, call 478-1228.

May 21, 28

"Crisis Intervention: Theory and Methodology" focuses on a brief, structured treatment, which is successfully used with individuals, couples, families and groups. Conducted by Cora E. Fullmore, MSW, currently a training coordinator with Los Angeles County Department of Mental Health and Barbara A. Wilson, MSW, a psychiatric social worker at West Central Mental Health Service, the class will be held at 2415 W. Sixth St., Los Angeles. Call 738-4971 for information.

May 22

Didi Hirsch workshop on "Volunteers: How to Utilize a Valuable Resource in the '80's" will be led by Barrie Levy, LCSW. The 9 a.m.-1 p.m. workshop will be held at the center, 4760 S. Sepulveda Blvd., Culver City.

Telephone 390-6612 for information.

May 22

Relatives and Friends Group of Metropolitan State Hospital will have Harvey M. Ross, M.D., president of the Academy of Orthomolecular Psychiatry, speaking at 7 p.m. at the Volunteer Center at Metropolitan State Hospital, 11400 Norwalk Blvd., Norwalk. For information, call (213) 868-6666.

May 29

The 1-5 p.m. workshop held at Didi Hirsch Community Mental Health Center, 4760 S. Sepulveda, Culver City, will be led by Margaret Bonnefil, LCSW; and Helaine Sokolik, MSW. "Brief Psychotherapy" is a continuing education program for caregivers.

For information, call 390-6612.



Television's favorite psychologist Bob Newhart as master of ceremonies joins chairman Gene Roddenberry, presenter Gene Kelly, Charlton Heston and honorary chairman Alan Arkin in a Mental Health Association tribute to Ray Bradbury on May 26 at 8 p.m. in the Embassy Room of the Ambassador Hotel. Bradbury will be receiving the MHA Performance Award. For information on purchasing tickets, contact the MHA at (213) 629-1527.

CAMPAIGN REDUCES STIGMA

T-shirts printed with the wording "Emotionally Disturbed" have been removed nationally from a department store chain as a result of a successful letter-writing campaign by Project Return, a Mental Health Association in Los Angeles County self-help organization.

Project Return objected to the wording on the t-shirt because it reinforced the stigma attached to mental illness.

On March 4, 1981, Project Return received a letter from Sears, Roebuck and Company in which it was stated that Sears had "now stopped all further shipments of that particular item from our source, and (we) are in the process of recalling all of those items

that still may be exposed for sale."

The t-shirt was brought to the attention of Project Return by Edna Markus, who was elected Project Return Federation Council vice-president in March.

Andy Posner, Federation Council president and club liaison, said that for Project Return, a federation of self-help clubs for emotionally handicapped adults, "the process is just as important" as the final result.

"Everything we do is in itself self-help. This is one specific example of where people who were upset enough banded together and actually took action instead of just talking about it," he said. "People who work together can find results."

WATSON continued from page 1.

"The difficulty is we legislators focus on those things that are of high political value rather than those problems people do not like to deal with like mental illness," she said.

The Senator saw the film *Ordinary People* and comments it is typical of how the American family deals with mental illness, denying it exists within one's family.

"Unless we focus on the mental health of our community we are going to see more of the symptoms; we will see more street crime, children in trouble, family disintegration," said Watson.

The senator has a long history of involvement with children and mental health services. She came to Los Angeles after a teaching job overseas and soon discovered some of the behavior problems in her sixth grade students were problems that had been documented when they were in the first grade. "These were problems identified in the first grade and no one was doing anything about it." She did a study and presented data on these students. "The advice given to me was to improve the classroom environment with pictures on the walls," she said. "The real problem was never addressed.

"I realized then that no real help

was going to come. Children could not be taught effectively when emotional problems were ignored." Watson then launched into the second of her careers as a school psychologist, working with UCLA and the Los Angeles Unified School District. Along the way she was elected to the Los Angeles Board of Education and finally the California State Senate.

In the State Senate Diane Watson has assigned Jim Lott and Jane Utti as staff consultants to the committee she chairs on Health and Welfare. The three have mapped out plans to visit unannounced each mental health hospital in the state.

Watson believes one of the answers to society's mental health problems is deinstitutionalization. This is the code word for keeping people out of hospitals and treating them as much as possible in the local community. "This is the direction. We cannot build big enough hospitals for all the people who need them. We are not rehabilitating, we are warehousing." According to Watson this new direction will require support for stronger, financially healthier community facilities.

"Our committee will set mental health services as a top priority."

COALITION continued from page 1

Interagency business on Wednesday, May 6, in the conference room at 2415 W. Sixth St., Los Angeles.

The Interagency Committee exists to insure better mental health services for clients, advocates on issues, encourages interagency communication and cooperation and provides advice to the Department of Mental Health on planning and budgeting. Membership is inclusive rather than exclusive, with member organizations designating one voting representative.

Organized mental health interest groups are invited to join the coalition, Stein said. This could be, in addition to Interagency member groups, civic organizations, professional service, parent, senior citizens, education and law enforcement groups.

Some of these are not mental health groups in particular, Stein said, but "when they don't have easy access to mental health services they are impaired in what they try to do . . . so it is in their interest to be concerned with the delivery system."

Dr. Stein explained that repeal of the Mental Health Systems Act would leave the country without any clear cut comprehensive policy for the delivery of mental health services since the basic law went into effect in 1963.

"Our first priority is to fight the proposals," Stein said. "If this fails, then we want to assure, through legislation, that some fair proportion of block grant money will be for mental health services."

Stein emphasized, "We want to minimize the fight over who will get what . . . we want to avoid doing some other needy service in."

Stein said they would work together to insure the minimum amount of bureaucratic dollars is spent for administration and that priority be given to protecting existing and already functioning mental health programs.

Interested groups needing further information about joining the coalition should call Dr. Stein at 232-4111, ext. 313 or Lyn Lockhart-Mummery at 738-4975.

CONNECTIONS

Editor Lorraine Wilson
Editorial Assistant . . Julia Scalise

Editorial Board: Dr. Charles Ansell, Donald Carlisle, Al Greenstein, Greg Lecklitter, Roberto Quiroz, Fredrika Williams.

Published 11 times a year under Short-Doyle contract by the Mental Health Association in Los Angeles County.

Copy for *Connections* should reach the newspaper by the 10th of the month prior to publication.

Postmaster: Send address changes to: 930 Georgia St., Los Angeles, CA 90015

The Mental Health Association in Los Angeles County is a non-profit, voluntary organization dedicated to the promotion of mental health, prevention of mental illness and the improved care and treatment of the mentally ill. (213) 629-1527.

Executive Director: Richard Van Horn