

PAS Newsletter

Parents of Adult Schizophrenics
of San Mateo County

JULY - AUGUST 1982

P.O. Box 3333
30 West 39th Avenue
San Mateo, Co. 94403
(415) 573-5345

Hrs 1-4 pm, Mon-Wed-Fri

Meeting Schedule

JULY MEETING

Date: July 28, 1982
Time: 7:30 pm
8:00 speaker

Place: San Carlos City Hall
666 Elm St., San Carlos

Speaker: Sterling (Terry) Ross
Topic: Wills & Trusts

Mr. Ross was staff attorney and legal advocate for the California Ass'n for the Retarded in Sacramento from 1971-1973. From 1973 to 1981 he has been in private practice, specializing in legal problems of the handicapped, wills, trusts and conservatorship in San Francisco.

At present he practices in Mill Valley.

1. Geriatric/Adult Services
2. Adolescent/Children Services
3. Legislative
4. Budget/MIS (Management Information Serv)
5. County Plan

Dr. David Schwartz, Hillcrest Unit, reported on their program. They provide service to probation, juvenile hall, receiving home and others, and case management for children and adolescents.

Cornerstone, the adolescent facility established under the Bates program, has been in operation for about 2 years and has served 29 persons. The success rate is fairly good, only five have been sent to Napa. Currently there are 11 adolescents and 3 children at Napa.

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NEW MANAGEMENT FOR CORDILLERAS

Telecare, Inc., has been chosen as the new management for Cordilleras Center. They will apparently continue with the present "patch" program, requiring 27 hours of therapy, as the "patch" is a required part of the contract.

This plan automatically rejects the severely mentally ill who are unable to tolerate, or are unacceptable, to such a rigid type of program. Thus San Mateo county continues to serve "good clients" and send others to out of county skilled nursing or intermediate care facilities.

Napa State Hospital has developed some of the best available programs for severely mentally ill. However, when San Mateo residents show signs of improvement at Napa, they are immediately slated for departure, usually to some out of county facility, with no consideration given as to the reason they are improving, or whether the program they are being sent to will follow up on beneficial treatment. They are thus set up for failure again.

We feel that this is very discriminatory to the severely mentally ill, the very people the system was originally intended to benefit.

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MATEO LODGE AND DEXTER HOUSE

Both houses are full and doing well. Mateo Lodge needs furniture and carpets. If you have any donations, or can make a contribution, or if you would like to visit, please call:

Mark or Dan at Dexter House, 365-9453
Tony or Fidelina at Mateo, 365-7043
Ian Adamson 408-336-5336

Ian Adamson, Coordinator

Other Mental Health Meetings:

1st Wed. Mental Health Advisory Bd
Every Month 12:00-2:00 pm Multipurpose
Rm Hlth & Wlfr Bldg, 37th S.M.
3rd Sunday Family Advocates for Mentally
Every Month Ill Napa State Hospital,
Music Rm 11:00 to 1:00 pm
(No August Mtg)

PLEASE NOTE: THERE WILL BE NO AUGUST
PAS MEETING

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Our thanks to Bay View Savings and Loan for providing the facilities and food for our very successful annual fund raiser.

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MENTAL HEALTH ADVISORY BOARD MTG 7/7/82

Terry De Luca, Director, reported that there will be a 15.2 million dollar cut in the state mental health budget. A consolidation of fee-for-service Medi-Cal with Short/Doyle is set for July 1983. Three counties will be chosen to set up pilot projects for consolidation as soon as possible. San Mateo is considering exercising their ability to be a pilot county.

Ms. De Luca reported that the selection committee, which included Sue Miller from PAS, had chosen Telecare for the new Cordilleras contract. Telecare operates a facility in Alameda county. The recommendation will be made to the Board of Supervisors, transition plans are under way.

Standing Committees of the MHAB were re-structured as follows:

CORDILLERAS LIAISON COMMITTEE MTG 7/8/82

The current census at Cordilleras Center is 93. During June there were 13 admissions, 8 referrals were not accepted. There were 24 discharges, 9 to acute care, (2 of whom were returned to CC), 13 to home or board and care, 1 AMA, and 1 AWOL. 16 are currently in discharge planning. New patients are checked every 30 minutes for the first 24 hours.

Plans are being made for transition in management from Mental Health Management to Telecare. The new acting administrator is Gary Sjoberg.

Telecare has no immediate plans to change the structure of the program. It is believed that the present line staff will remain, however this is not certain.

Plans indicate that there will be 1½ psychiatrists on duty. The Liaison Committee prefers full time doctors rather than "sticker doctors", (those who follow patients on fee-for-service). There is concern about control of quality of treatment under that system. At present about 25% of Cordilleras patients are on fee-for-service.

Telecare will be closely involved with families. Loren Beckley, monitor, will remain on duty.

George Wald will be Acting Patient's Rights Advocate while Caroline Patrick is on maternity leave.

Reported by Dorothy Texier

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PAS thanks Dorothy Texier, our Representative to the Cordilleras Liaison Committee, for her efforts on behalf of PAS.

Our thanks to Sue Miller for her work on the Selection Committee to choose new management for Cordilleras Center.

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A TEST FOR MENTAL ILLNESS

Dr. George Ward, Staff Physician on S-4, Napa State Hospital, was the speaker at the last meeting of the Families Group at Napa. He spoke on the latest research in psychoneuro-endocrinology, describing the first biological test for mental illness, the dexamethasone test for manic depressive illness.

Once diagnosed, manic depressive or depressive illness responds to lithium or anti-depressants such as navane, in 85% of the cases.

Dr. Ward stated that mental illness is a profoundly serious problem which is extremely expensive (cost estimated at 100 billion dollars yearly in the U.S.). It is incumbent on physicians to research the biochemical causes of severe mental illness.

The advocates of the psycho-social trend, now in control, may be the demise of the mental health system, according to Dr. Ward. In order for the psycho-social approach to work, the patient must have insight and judgment. A patient with severe chemical imbalance has neither, his problem cannot be cured by talk.

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CONSUMER CONCERNS

Agnes B. Hatfield, Ph.d., member of the Bd of Directors of the National Alliance for the Mentally Ill, has been appointed to serve on the Committee on Professional Standards of the American Psychological Assn as a consumer representative. Ms. Hatfield issued a statement on some of the concerns of consumers, excerpts follow:

Language and behavior that offend families. Families feel rejected and ignored by professionals, feel that professionals are unaware of the burdens they carry, and that they fail to appreciate family strengths and the valuable role they play. They feel the language used is pejorative, and sometimes blaming.

Not responsive to the goals of the client. Practitioners often do not listen or take seriously what clients say their needs are. There is a paternalistic attitude that practitioner knows best. Families and their relative cycle through dozens of practitioners, over a period of many years, at a loss of thousands of dollars before they stumble upon someone who really can help. It is suspected that only a very small percentage of psychologists are really adequately trained for working with severe chronic mental illness.

The lack of accountability. Quality control or internal monitoring is not enough, the people who use the service must be heard from - they alone know some things about success or failure that can't be known by providers. People do know what is good for them.

The use of third party payment is abused by many professionals - they inaccurately lead clients to believe a service is costing very little because the out of pocket dollars are fewer. Consumers are beginning to know better as their premiums go up and their benefits down. Professionals must become highly conscious of cost-effectiveness. Consumers will insist that they do, the words "rip off" are common in the consumer movement.

The failure to refer to alternative services. Many persons enter the service system through a clinic or therapists office. They tend to be given therapy whether that is what they most need or not. This happens because of the therapist's vested interest in therapy and lack of knowledge about alternative services. It is incumbent on all therapists to know alternative services and explain them to clients, and to know other resources-housing, training, income supplement, food stamps, etc., and assist clients in getting them.