Andrew Posner talks about how self-help assists mental health clients to become independent….

It's all about independence. Before we began this and we had our contract, I would go out in the community and say, "This is all about independence and people have to be at a certain level to benefit from coming to the Center." I'd say, "But what is independence?" Ultimately we want to see people go back to work if they can. But let's say, someone comes and they are shy and they don't talk to people; and they come and they hear about, like we went to the Huntington Gardens. We don't have vans, one, we don't have the money, but even if we did, we wouldn't use them for everything. We want people to be able to get there on their own, so that they can go to the place.

OK, so I'd go out and let's say, John came up to me and said, "You know, I want to go to the Huntington Gardens." "Oh, well that's fine, here's the bus route." "Oh, no, I need to know when the van's going to pick me up." "John, the van doesn't – we don't have that. You have to be at that level of independence where you can get there on your own." But let's say, Sue walks by, [I can] say, "But you know, that girl over there a year ago said the same thing and wouldn't use the buses, couldn't get there. I could introduce you, or if you want to talk to her. Hopefully, you will hook up and maybe you will go. If not, that's why we have things here [at the Center] for people, so you will grow and maybe next year." So the reason it's funny is a week ago, we have two case managers who brought a group of their clients to our Center to introduce them and we had gotten Hollywood Bowl tickets. I go back to my office to do my thing and all of a sudden about a half hour later, this girl comes to the door and she says, "I want to go to the Hollywood Bowl." Very directly, very appropriately, very – and I said, "Well, what's your name?" and she tells me her name. I say, "Well, what day did you want to go?" and she said, "Well, so and so is going on that date, and I wanted to know do you have a ticket for that date?" and I happened to [have one], and I said, "I do, but please, if you're not going to use it, then please let me know or give it back, so someone else can use it."

Well, I wouldn't have known there was any shyness or anything with this woman. She was like in her 40s. All of a sudden the caseworker, after she left, says, "Can I talk to you for a minute?" and she comes and says, "I've never seen anything like that." And I said, "Well, what do you mean?" She says, "I got to tell you, these two people are going to go to the Hollywood Bowl together. Both of these people do not talk to people. I've never seen this happen. She heard, when the tickets were for free, that she wanted to go. But she was worried about how she would get there." And the caseworker, without talking to me, said, "Well, why don't you talk to Joe, he's going and maybe he can help you." The caseworker says, "This girl would have never done that, she never does that and *he* never talks to people. The girl goes up to Joe, and says, if there is a ticket, I want to go to the Hollywood Bowl and see this, but I can't get there." And he says, "No problem, I'll take you, I'll show you how to get there." Then she comes back to the caseworker and says, "But I need a ticket." The caseworker says, "Well, you need to go talk to Mr. Posner." But the caseworker was freaked out and I'm like being cool, because I said, "Well, that makes my day because hypothetically, I used to [encourage that], and that's exactly what we're trying to do here, and so it makes me feel really good." And she said, "The atmosphere here is so good for that," and I said, "Well, that makes my day too."

READ THE FULL TRANSCRIPT BELOW.

INTERVIEWEE: ANDREW POSNER

INTERVIEWER: Howard Padwa

DATE: August 7, 2009

I. Early Life and Experiences in the Mental Health System

HP: Okay, I am here on August 7th, 2009, interviewing Andrew Posner for the DMH 50th Anniversary Archive. So first of all, Andrew, just tell me a little bit about your background and how you wound up getting into this field.

AP: My background is pretty historical. When I was a kid, around nine, I had some serious problems and I missed part of 5th grade, but I was able to somehow complete it and so that's fortunate. Then over the years, I had friends but I never really connected, looking back. But I had friends; I graduated high school. There was one time when a friend and I had plans and we started to do the John Muir Trail in California, which is an extensive trail. It's 200 miles from Yosemite Valley to Mt. Whitney. In the course of that trip - the normal thing is that you plan it out a certain way and you don't carry all your food and you have it dropped off.

Long story short is that after about 70 miles, I got really depressed, just really depressed, and I just couldn't do it. I came home and my parents set me up with some help; [but] the psychiatrist that was supposed to see me was on vacation, so [I saw] the psychologist [instead]. And let me tell you, when I was a kid, I did see a psychiatrist. But there's so much in my family history. My mom was depressed when I was born, in fact – is it okay if I jump around?

HP: Oh absolutely, absolutely.

AP: Because this picture's – it's not so severe compared to other people, so – but I saw a few things. Interestingly enough, my mom got help for her depression; and her doctor recommended that she take up painting to help her, which at that time, that was just way ahead of the time.

HP: What was that?

AP: Painting, pictures –

HP: Oh, like a hobby.

AP: Yeah, and it helped her a lot. But ultimately, I went through various doctors and the whole thing you've heard before, where you try to get help. Oh yeah, if I had seen that psychiatrist, I wonder if he would have been able to prescribe me medicine, or diagnose me correctly.

HP: I see, but you were misdiagnosed?

AP: Well, the usual where, yeah, [I was] misdiagnosed and the psychologist was very nice, he would say things like, "If you don't start making friends and socializing with girls, you are going to end up in a hospital." The funny thing about that is a

bunch of my friends, when we came back from that trip to Yosemite, they got involved with a guy who was a very progressive, out of school, very radical, therapist and they all did group therapy with him and did this whole thing and they asked me to come; and again, I wonder what would have happened if I had joined in with that.

HP: Why didn't you join in with that?

AP: Because I was one of these kids that was out in the world partly, and partly connected to my parents, thinking they knew what was best. Subsequently, by circumstance, I ended up seeing this guy. But I went through time; when you're not thinking that there is anything the matter with you, you go through time. I ended up getting into UC Berkeley and moved up there with some friends who were very nice people. But I really was making these moves; I had other friends that I had known for years, and then I hooked onto these people and they were great people, moved up there.

Long story short, I started to get very depressed and, let's see, I did try to get help from a public service person [at] a local community center. And I always remember these things. Again, I'm just trying – there's a lot to my life.

HP: Oh yeah, well we are interested in all of that.

AP: Are you? Okay, I shouldn't worry about the time right now then.

HP: Right, don't worry about that.

AP: But I was getting worse and worse and I called her and she never called me back. I called again and said it was an emergency because I'm really going down hill here and then I went to see her again, and she said, "Well, you know, I don't really return calls." I ran into that a few times over the years with therapists.

HP: What has your experience been like, I mean, because you said that you kind of tried to get help, but then never really stuck with it. What sort of help was it?

AP: No, I did stick with it. Over the different times I did stick with it, but I tell you, you are asking good questions. I went to a place – I ended up in a board and care. At Berkeley, I fell apart completely and moved in with some other people. There was a social [situation]; I really loved this woman, or I thought I loved her and in fact we are still friends, there's a long story. But she's in the mental health field too and directs a program and we keep in touch now.

To answer your question, it's important. I'll give you an example, when I came back here, I ended up in a board and care home and this is like 30 or 40 years ago. Some of my friends thought I'd be there for the rest of my life. But – I'm trying to remember the sequence – I ultimately decided to get out of there and I somehow got out of there and found a place within a year or so, because it was a nasty place.

HP: And this was down here in LA?

AP: It was in LA, yeah. But I stuck with interns, whatever I could afford, and there was one intern I went to for a year – I can't remember the name of the place. But the guy was cool, and I must have been talking to him for a year, until he said he was going on vacation. If you're going to be a therapist, that's going to come across that, "I'm Andy, you're Howard, let's just talk and throw away all the labels," then you need to be careful. Because when I asked him, just politely, "Oh okay, man, where are you going?" [He said,] "Oh, I don't tell my patients where I go." Well, that threw me.

HP: Yeah, how did that make you feel?

AP: It made me feel betrayed. It made me feel betrayed and, more importantly, it made me feel strong in a way, because there's something coming up here about my experience that's very important. And so, I guess, he got back and I called him and I told him, "Look, you know, I decided I am going to move on now," and he said, "Why?" And I said, "Because I asked you a question, that was just in friendly passing conversation, which was, oh, you're going on vacation, where are you going, and when you said" – So, right away, he said, "Oh, we went to wherever."

HP: Just to kind of cover.

AP: Yeah, and I said, "Well, it's too late." You know what I mean? Because there's a trust that you build; it takes a while if you are into therapy and I didn't leave on bad terms. I just basically fired him, from my perspective, and I wasn't happy at that time. I mean, you have to realize I tell you these things as someone who has been through this stuff, as someone who has had family members go through it as well. So I'm coming from [the perspectives of] a provider, a person who has been through it, and a family member.

HP: Yeah, so you've worn all three hats.

AP: It's not that I wear hats. I don't look at it that way. I just see the humanity of it.

HP: You see it from all angles.

AP: Yeah, I see it from all angles and that's a value to the community. The way I ended up in the board and care home was that, let's see – I ended up at a private hospital.

HP: Okay, down here in LA?

AP: Down here. The funny thing is, this is more interesting than all this other stuff. At this hospital, I've worked there for years, because we're advocates and we provide representation, so I've worked there for years. And there was a woman, she's still there, she's an elderly lady, she's in her 80s, but she still works there. And when I started working there, we ran into each other – actually, our agency had worked there for some time. And then we got a different contract, and she was the one we were working with to meet some of the clients there. And then she looked at me like she knew me, and we didn't say anything, and I'll get back to this.

When I ended up at the private hospital – you've heard this story probably a million times, you know, and this is the reality. I got there, my dad took me over there, and they gave me a room with an elderly man that was a really nice room; you could walk out. As soon as he left, I mean I can tell you they put my name over the PA system. They literally grabbed me and said, "You're not going to be staying in that room." They took me and put me, first they put me in the suicidal [unit], where they watch for suicide, which taught me a few things about your rights being denied, about having access to go outside after a few days, and this and that.

Well, when they realized that I wasn't going to hurt myself, they put me in a room – and at that time I was 20 or 21 – they put me in a room with a 9 year old kid. It was an odd match and it was a locked [unit]; it wasn't open. It was one of the secondary locked units and it was weird [he laughs]. Ultimately, I was moved to their open unit and the doctor there just wasn't cool, the psychiatrist.

HP: What was he like?

AP: Well, if you believe in strictly the medical model, then that's fine; but he was very cold and calculating in his approach, and I wasn't getting better, I was getting worse and he wasn't meeting with me, he wasn't talking to me. And so I remember just pounding on his door, wanting help, and he ran into me in the hall the next day. This is after about 6 weeks and again, I spoke up and I said, "You know, I'm a lot worse now than when I came in here." And – let me tell you, you've been around, you hear stories and the truths about people's lives, and believe me, I've been doing this for 30 years. None of my experiences, compared to what I know of other people, are unique; they are significant, but they are not [remarkable] compared to what others [have experienced], you know?

HP: Right. So you were there for 6 weeks –

AP: Right, and he said, "You know, none of the medicines we're giving you are working, you know those little blue pills" – I'll never forget this – "those are experimental pills and we're giving you," and he wasn't lying, "we're giving you those in mass doses, we've given you 5 at a time, 6 at a time, 7 at a time – "

HP: And you hadn't signed up for that?

AP: No; and they're just not working. So he says, "The first thing" – this was a Friday – "the first thing we want to do," like it's no big deal, "is we want to give you shock treatment." And I just didn't go for that, especially with the way it was presented.

HP: Very controlled.

AP: Yeah, and it was the old way. So I called my parents and they, especially my mom, knowing how it affected her mom, they came, I think – well, it doesn't matter. The bottom line is that they took me out of there AMA, Against Medical Advice. And my dad had a friend who was a psychologist and I went to another

place and was recommended to this doctor. Now I get to this place, this hospital, and it's sort of funny. I was so depressed and so out of it, and I remember they said, "You need to lift weights." And I remember this guy standing there, saying to me – and I didn't want to do that – "If you ever want to get out of this place, just lift the weights!" But then – it's sort of funny, yeah. And then this doctor walks up and introduces himself, and this is a psychiatrist. Now I hit it off with him and he did not believe in using medication, he was from the old school.

HP: So psychotherapy?

AP: Psychotherapy – but who has that kind of money? My parents had some money, but I had a younger sister and they said, "Look, up until [you turned age] 18, we did what we could do, but we've got to worry about your sister. We cannot help with this anymore, period." Which was fine, looking back. And so I took all kinds of jobs and stayed at home and paid him.

HP: So you worked –

AP: I worked at Coca Cola, I worked as a chef, I did anything I could and I worked at Coca Cola on the forklifts, but they took me off those.

You get taken advantage of when you're not well. But the money went to pay the psychiatrist. But his philosophy, which made sense, was, if you're going to do this, you needed to see him, like, three or four days a week, and that's how it works. That's just old school. But he said, "Let's try for two or three days and see what we can do." And I had therapists, great therapists, who would work things out – because they knew I wanted to help myself throughout the years; to answer your question. So I would stick with it. I would stick with it and I stuck with him as long as I could, and then after all that, I ended up at this board and care home. Let me tell you, that board and care home, like many of them, they're not pretty pictures.

HP: Well, before we get to the board and care, I'm curious because you were in a very bad place. How were you able to get yourself back to work? Was it just a matter of will, a matter of motivation?

AP: When I was sick, to do that? When people get cancer and they do things, and I don't compare what I ultimately was diagnosed with to cancer, but other people have, in terms of the wellness part of it. I just didn't want to be sick. I didn't want to be in this world. I didn't want, fortunately or unfortunately, to relate to the mental health world. I don't want to get into that, but it was either kill myself or try to do something about it. It was survival. I know that this doctor meant a lot to me. I liked how he talked to me. I felt that his way of working with me ultimately would get me to where I needed to get.

So when my parents don't have the money to do this, it was, "Man, I got to get the money." And the craziest things happen when you are as sick as I am and you are working and you get jobs. And I was supposed to be in college getting my [degree] in anthropology. It didn't matter at that point. It was [just that] I'm here. At one point, my mom – this was horrible, my mom's therapist – I guess she was getting help, and I got to throw this into the mix here. My dad was

diagnosed with Parkinson's disease when he was fifty. At that time, it was considered young. I have a sister who, for the first three years of her life, that's basically when she was born, he was great; but he ultimately passed away when he was sixty eight. It was twenty years ago, but the point being is that to see him deteriorate and then the guilt I had, that I felt when this was all over, that added to the stress.

So I've seen – now my mom has it, she has had it for twenty years and I'm taking care of her. I mean, all these things. And that's why this interview, the way it's done, it's for research, because I have my own story, and I thought a lot about sharing the information. But to answer your question, I just knew I needed money if I wanted to see this guy and he was kind enough, like another therapist down the road who I was seeing, because they knew I wanted to help myself, to work it out, so I'd pay him back for one of the days, ultimately.

HP: Well, it's amazing resilience to – when you are in the depths of an illness to be able to –

AP: You could look at my records; you don't have to take it from me. You could go, if I would sign the release because, you don't know me. [If] you talked to my friends back then, I was in the depths of – My friends would say, "You're the last person we ever thought would have a nervous breakdown," because I was a good actor, I guess, and you've heard that a million times. I know, I've heard it a million times too, because I have been doing the providing and creating of programs for thirty years. So I don't think it's anything unique. I just think it's that there's a lot of people out there for whatever reason, or for their personal reasons, with all kinds of illnesses, that they do what they need to do and, you know, it was live or die.

HP: Right.

AP: And my perspective was that none of the programs helped. The board and care didn't help, that was a sick experience; and so I sort of created my own programs in my head and do this and do that.

HP: What did those programs consist of?

AP: Well, you know, there were some good things at the board and care, but it was a nasty place. They still are, I'm sure. They put three people in one room and if you are there long enough, and you work your way up, then you [get kitchen privileges]. Because these people could have been [in the hospital], if they hadn't shut down Camarillo, and this and that, you know, would have been in Camarillo [Camarillo State Hospital was closed in 1997]. So these people were really sick. But I would listen to the news, the bleakest news, but I did help myself there too.

I tell you a funny thing. This is very funny, it's comical. There was a girl there, her name was Lisa, I won't say her last name. And let me tell you, even now, the psychiatrist would come, they are supposed to spend, you know how this works, they are supposed to do their thing and spend twenty minutes with the person. But the way they made money is that they would give them the medicine and

then they would go onto the next. And they've corrected all that. But she [Lisa] belonged – her parents belonged to a country club and this is hilarious really, and her parents said, "If you would like to come and bring a few of your friends to the country club for Sunday brunch, that would be great." She decided to bring everyone she knew there.

HP: Everyone from the board and care?

AP: Well, like ten people and you had to have a jacket. And so we go – I think we went two times and then the third time. And then one of the people who went didn't have a jacket, so they gave him, lent him a jacket. Well, the funny thing is we go in there, and it turns out the psychiatrist who went to the board and care belonged there and so he sees all of us; it was hilarious.

HP: What was his reaction?

AP: He didn't know what to say; he was a cool guy, he was a young psychiatrist and had a nice beard and the whole thing. I think he was like – he didn't know what to say, he didn't know – he said "Hello," but sort of like, "I'll see you back at the [home]." But what happened was the guy who was lent a jacket, on purpose, decided to keep the jacket. And we said, "No, give it back. You can't do that." He said, "I don't care, I want the jacket." It gets back to the girl's parents and so she got in all kinds of trouble and we were banned from going back there. But it was good food and it was pretty funny.

HP: Yeah, that's an interesting picture.

AP: Yeah, and then, I think it was more when the psychiatrist came back and met with – he did a group there. I think he just never really – he acknowledged it but didn't. It was, I don't know, it was probably uncomfortable for him and he was probably worried that all these people were going to go up to him in front of his family and friends. But I'll tell you, I've had – I've worked hard. I worked hard on the psychological level, the biochemical level, on all levels. And helping others and helping my family. Ultimately what happened was, I'm probably skipping around here a lot, but ultimately what happened was there was a psychiatrist, another one, and you see her on TV now and then. I forgot her name, because she's known, at that board and care, who talked to me. It's funny, I had an intern there at that board and care who I went to religiously.

I was so out of it, and at that point I was getting SSDI [Social Security Disability Insurance]. And one reason why I do the work I do is because I was so out of it and my mom went with me to fill out the forms at the office. So I didn't know what I was filling out.

HP: It's like a maze.

AP: It's a maze and that's why, anyway. But the darn worker looks at me and he says – I remember this, I didn't say a word, I just signed here, signed there – and he said, "Oh, I see it says you are catatonic, oh, we're all catatonic;" and he was very rude, very rude, as some of them are. I'm very close to a lot of high up people in Social Security in Baltimore, because of work I have done. So you get

to know these people and you know that they confide in you and they've got the same problems with their kids, so people don't – you realize that maybe, but others don't, so they get lumped together and it's unfair.

But this guy was really unfair and I remember getting home and my mom said, "I'm going to call the supervisor." I don't think she ever did, but she was pretty upset how she was treated and how I was treated. My parents got to a point and they had told me and they stuck to it, that we helped you as much as we can and you can stay at our house as long as you are well, but if you are not well, you've got to go, you know. So 21 was that age. Looking back, and my dad was a very strict disciplinarian; he was a CPA, I mean, in terms of career. But I'm not saying that was bad, looking back, I've seen things where parents have been beat up by their kids. I've seen things where – this might interest you too. I was very involved with NAMI [National Alliance for Mental Illness] when it first started. I was at the first NAMI meeting.

HP: When was that?

AP: It was way back in seventy something – [1979]. And, the story of the people – there was a fight philosophically within NAMI, when it started about biochemical versus what do you call it when –

HP: Oh, like the childhood experience?

AP: Yeah, and the people who were – they were pretty shut out, the ones – they were pretty silenced. But without using their names, I was asked to meet with the son – Reverend Richard Van Horn who was the [Chief Executive Officer of Mental Health America LA, a voluntary advocacy organization] – he married my wife and I, and we were very close. But way back when he asked me, along with the person who had started NAMI, to meet with his son [Don Richardson, first president of NAMI California and his son], just to have dinner with them. I did, and what I could I say, he is who he is and I am who I am. Years later, the story goes is that he was living at one of the places.

HP: The son?

AP: Yeah, the son and he had obviously big drug problems. But in any case he was living at one of these places and his parents had a restraining order and this is important I think. You'll decide what's important, but he was living there. The story that I heard, they forgot to give him some of his medicine and he went in the middle of the night to ask for medicine and usually, if you miss a dose of medicine or two, it's not going to [be a problem], but who knows. And I don't really know all the facts, but the fact is that his parents had a restraining order. But he was doing really well, and the story goes is that they decided to have him over for dinner. His parents were going back east somewhere, because his father was going to be given an award for all the work he did to create NAMI as their first president, or creator, whatever. So he went – the kid went over with a friend of his – the father had left and the mother was going to leave the next day – for dinner. The story goes something like he and his friend went down to the beach because they lived near the beach, walked around, and came back and there was a bunch of childhood pictures on the coffee table. And I don't really

know the details, but whatever he saw set him off and maybe not having the meds and he lost it. He took a hammer and beat his mother up.

HP: Wow.

AP: I mean, it's a miracle that at that time she lived. I mean, and so he – what I remember hearing at the time, his attorney said – The mother ultimately recovered, it's amazing that she recovered, because she was pretty gone, but she recovered. But I think more importantly, and I'll tell you something in a second that ties into all this, and it's important. I don't know – this is what happened. The lawyer, the court-appointed attorney, said, "If you could plead not guilty by reasons of insanity," – because I guess they really felt they had an insanity plea, – "but you'll end up at a mental hospital the rest of your life. If I go to trial with you, I can get you off – I can get you six years and with good behavior, you could get out in three." And that's what they did and that's what happened, and the mental health community, as far as the parents go and this and that, they were up in arms because they felt that that's not what justice –

HP: That's not how justice should work.

AP: Should work, especially if someone's sick.

HP: And this was in the late '60s, early '70's?

AP: No, when that happened, it was late '70s, early '80s.

HP: OK.

AP: He – when NAMI's National Alliance started in – it must have been around '70, let me think, '77, '78

HP: And you were there at the beginning?

AP: The first meeting, yeah, and I used to speak.

HP: This is once you were out of the board and care?

AP: No, I was still – no, you know, you start to get well and you relapse. When you are in these board and care homes, or if you are in the mental health system, you just – I was never a joiner, but I got involved with some of this stuff. I worked as a volunteer in Berkeley with this friend, for Amnesty International, so I had an interest in this stuff. I worked [as a] volunteer, no big deal – on McGovern's first campaign, and then various campaigns. So I was trying to use my time, you know. It's not that I was well, I mean, I did some crazy things.

HP: But you were active the whole time.

AP: No, I wasn't active the whole time. Sometimes I would just be in that board and care home. I was active some of the time. I can't remember it all, I really can't, you know. What's good for me, is that it's so many years ago and so much has happened within my family, where I have helped them and helping people over

the years, that it's good. That's why I thought about doing this, because I don't really like talking about it, because it's finally become the past and there's a lot that happened. There's a lot that affected a lot of people that – there's like one thing I won't even discuss, not that it was so horrible, but we all have secrets and – But, to be clear, it didn't end up for me in a legal situation because I handled it right. But what's important is not so much that, [but] that ultimately I met a doctor, a psychiatrist, somewhere around about, yeah, 25 years ago. I still see him once or twice a year. He figured out that I had bipolar illness, after all those years. I mean, no one –

HP: And needed to be treated differently.

AP: Oh, yeah. Except one doctor, when I was in that board and care home, the one's who's on TV now and then, said, "Just remember, when you are being carted off when you are an old man, I said lithium [a medication for bipolar illness]." But it's not that simple with these drugs. And I met this doctor through a step-grandmother who recommended him to someone else. And I went – that time I didn't believe in any of this and he told me – he diagnosed me and said, "I just want you to know, it's going to take six to seven months to get the medicine working, if I can straighten it out." And he was considered at that time top [of his field in] knowledge of bipolar disorder. And sure enough I have been, and this is what is relevant for me. It wasn't just that, I mean, I have not had a relapse in all those years. It's very unusual.

HP: So it was really about finding the right kind of medication?

AP: It was – but that's one component of it. It was also about, he recommended a therapist because, one, as you know, a lot of people take medication for these kinds of illnesses. They get well and they think it's the medicine – like if you take an aspirin, and they go off. When he explained that, I always knew that I would go back to those nightmares and I have not had a relapse in 30 years and that's very unusual. But it's not just that, it's that he said, "You know, you also need to talk to this therapist I recommend," and I spent a lot of time talking to that lady and she was cool because two, she felt seeing her a couple of times a week was important, but I didn't have the bucks and she worked it out that I paid her back because she knew I wanted to help myself.

II. Value of Self-Help; BACUP; Changes in the System; Recovery Model; Teaching Clients to be Independent

What I am trying to say is that it's not – Listen, this doctor sees people, and all these doctors see people and they can be bipolar, strictly bipolar or whatever their diagnosis is, but it doesn't mean the medicine works. The second component of that is the people who are the healthiest and get well the best, or who are well as well can be with these kinds of illnesses, know what is the biology of it and know what is something that's psychological, something from the outside [like] you're depressed because you were rejected by some girl, the emotional. And it takes a long time to learn that.

And I have a young friend; last I heard, she's doing great. Her mother has a Masters in special education, teaching reading, so they just – I mean, she went

through hell. And finally I said to her mother, as the advocate trying to explain what's going on to a mother and this and that, who went through her own serious depression. But she got a job in Maui. And that's fine and she, you know, after a year and a half or so, the medicines finally worked and apparently she's doing good and she's there.

But the bottom line that I'm trying to get across more than anything is that, without community support, without the kind of programs that give people the chance to live normally – people get trapped in these systems. And for some people that's fine, it's not a negative. For people, especially older people, that's all they know is the mental health system. But for younger people and kids who fall into these situations, the programming is changing a lot compared to years and years ago. And the reason I'm saying I know this from other angles is that I deal with a lot of families, as you do, or as you can imagine, and I have a lot of people over the years coming to me, "Oh, my son's in jail, or my daughter's in jail, and they are innocent," and this and that.

I have another young friend – you know, you never think it's going to be your family and I could empathize, I could do all these things. This young man joined the Army. He had a lot of problems, he joined the Army and was doing really well. I mean, we were just so happy – not happy that he was going to be shipped over there. This was four years ago. He came back and got involved with something. He has been sitting in jail – the reason why he is in jail was AWOL, but it was also a serious charge against him and he's in jail now, waiting to go on trial. So I heard his mother's tears over this. So now these people come in and I say, "Well, you know, it just so happens I have a young friend," you know.

HP: Is there something about that that you think is very helpful for people, being able to say, "I'm in the same boat?"

AP: It's only helpful if it's done in the context to what the person's saying. If it's just that – where it's helpful, to be real clear, is if you're connecting with that person and they feel that you understand what they're saying because they don't feel alone, they don't feel as alone, they feel like someone knows. Because if they've talked to other people who really can be empathetic, but they don't really know – they'll say to you, "Oh, then you know what I'm talking about." Well, the reality is, you hear a lot that every one of them is innocent. And whether it's their kid or their nephew, or whatever, or my nephew, there's something going on here and I don't want to get into too much, but yeah, and self-help.

BACUP, where I work, and I've worked for all these years, going on 23 years, based our mission statement [on what happens] now [BACUP, the Benefits Assistance Clients Urban Projects, was founded in 1986]. I mean, it's life centered, life independent, it's future empowerment. I'm not here to promote that. I'm just saying that our mission statement, it basically says, we want to help people feel like they are citizens of the community [first] and mental health clients or people in recovery second, so that they can get out. So we do things – we have a small center but it's always been drafted in our proposal for MHSA, Mental Health Services Act, for funding, that a lot of our programs are out in the community.

So one of our things is called, “Coffee, Tea and Chit Chat.” It meets at various restaurants, not always a lot of people show up, but this is not group therapy. If they want group therapy, they get it at their clinics. Staff goes, but they just participate in the conversation, they do not facilitate. It’s really – I go when I can and it’s great conversations. And yet, we had someone who felt the conversation wasn’t right for them, so you have to be gentle and careful. If it was someone outside of mental health, you could just say to them, “Well, if you’re not happy, then maybe it’s not for you to go,” but, when it’s someone who’s trying to socialize and learn to socialize, you’ve got to [be open to them], so we have to deal with those things. But they talk about anything under the sun and there’s no restrictions. We hope that the way it would work is that if, let’s say they are talking about religion and it’s getting heated, we hope that one of the people who are there as a participant is going to say something like, “Hey, this is getting too hot, let’s talk about something else.” But if not, a staff person who is there will say something like –

HP: So it’s basically the staff is hands-off unless something comes up where they need –

AP: The staff is part of the conversation and hands off. But my only point is that this is a generational thing, it’s not going to happen with this group of people. But hopefully, these things – listen, we’re not reinventing the wheel here, we’re tweaking it a little. These new concepts, the Mental Health Services Act and Wellness Centers in general, are supposed to be doing holistic things. They are supposed to be changing the concepts and implementing new ways that people feel better about themselves. The reality is, and I’m not – I was going to ask you this to start, I can sugar coat things or I can tell you how it is and how it isn’t. The reality is, is that things change only as well as the people who have the ability and the authority to implement. And I do see a lot of change compared – are you kidding? Compared to when I was a kid –

HP: What are the differences between now and then, would you say?

AP: Well, I’ve asked and I want to preface by saying I’m not really saying this is how it is 100%, because I haven’t really gone back to some of these places and although the private hospital I was in is like it always was. Oh my God, you walk in there and it’s like going back to the 19 –

HP: Going back to the ‘60s?

AP: Yeah, it is. I think the hospitals – You have to separate the hospitals from the community. I think the hospitals are basically the same. I think the people who work in the hospital who are new and younger, they come in and I think that their role and their insights and what they’re taught in college and what their experience is, and what they do, is different than what people of 30 years ago, or 40 years ago. But you know what I’m saying. But I think the hospitals basically are hospitals for quote un-quote “the mentally ill.” I think that they are implementing, like at Metro State Hospital, I think, they are implementing some good programs from what I know; but still, that aspect has not really changed or the IMDs [an IMD, or Institution for Mental Disease, is an inpatient facility of more than 16 beds whose patient roster is more than 51% severe brain disorders].

Those places, from what I know from people who go in there, they are basically the same; but they have mentoring programs and these are people in recovery.

The reason why I say, "in recovery." the operative word now is "in recovery." And the reason for that is, when I was getting involved with this, it was mental health clients and then "consumers" was the great word that was used because it was used in the same way that Ralph Nader used it, or how it's used when they talk about public health reform [as in] we are consumers of these services. But what happened in mental health, after years, "consumer" became the operative word to identify this group of mental health clients, do you know what I'm saying?

HP: Yeah, yeah I do.

AP: Then the word "client" came into being. We use "client" because we do have clients for our benefit program. We try to use the word "participant," but the whole new model is a recovery model.

HP: Yeah, I was going to ask you about that, how would you define the recovery model?

AP: I think the recovery model – first of all, I was talking to someone I know and it used to be, years ago, there was a clear dividing line between people who had co-occurring disorders or what's the other term?

HP: Co-occurring?

AP: Yeah, that's fine, co-occurring disorders. Dual diagnosis.

HP: Oh yeah.

AP: That was it, dual diagnosis; and there was a clear line, or people who had strictly alcoholics, who were alcoholics or substance abusers or users, is how they want us to say it now. And then there were people like me who, and I'm not a goody-two-shoes, I mean, I smoked weed years ago, but I never got into drugs and I didn't have that issue and that's important.

HP: Yeah, that definitely complicates things for people.

AP: Yeah, and people self medicate and I totally understand why. I tried that, but I never had that problem, you know what I mean?

HP: Yeah.

AP: But, back then you could define and still you can, there are people who – their illness is strictly, quote, un-quote, "a mental illness," but there are so many people that have co-occurring disorders that the term "recovery," I think, became operative for the whole group –

HP: So it is something that is being borrowed from substance abuse?

AP: Right, because, but not in a negative way, because I think whether it's someone who has a co-occurring or substance abuse or issue – what is recovery for someone, whether they are co-occurring or uniquely identified as having a quote, un-quote, "mental illness?" You know, everybody is recovering; but it's to what extent and recovery – There is an organization that goes back 70 years, Recovery Incorporated [Recovery International, founded in 1937 and based on the methods of Dr. Abraham Low, promotes self-help recovery for many types of behavioral problems and disorders]. They changed their name to Recovery International, because they didn't want it to become – So the reason, I think, is because these other terms don't represent the future. They don't represent or create a better way for people to think. I think ultimately it's to de-stigmatize these illnesses.

HP: Okay. I guess the way to think about it, another way to ask the question then is, how does recovery differ from whatever came before it?

AP: It differs in how – it's connected to innovative programs and holistic thinking of what gets someone well.

HP: Okay.

AP: It's not just BACUP where I work. The Wellness Centers are all holistic, and in the Mental Health Services Act and in the programs and in what they're trying to put forward, a lot of these elements have always been there, like art therapy, like acupuncture. All these things were here, there, or accepted here and there, but not really.

HP: Not integral.

AP: Right, and the battle now is, and it's a real battle because people are trained in college, which is fine, to think clinically, if you are learning that; and so the battle now is for people to get the education to see that there are alternatives. And an example of that is when we started our LIFE Center, [the BACUP LIFE (Life Independence Future Empowerment) Center opened in July, 2009] and not just ours, we heard this all around, getting people to come was next to impossible. Part of the reason is, is that you'd go out and you'd talk to case workers and they are used to what they are used to. They are trained in what they are trained to do. Even if they are innovative, they are still going into a place where the people in charge have been there for years.

There's one place where the clinicians were very wary and scared about sending their clients to us. This is a good example of why it's "Will" change. What happened was that they finally sent a few people over. And one guy came and we had someone who did Art Walks and was an artist and took people down to LA, where all the art was put up. And it's a Community Center, we're only adding to, we're not clinicians, we just add to what the clinics are doing. They needed a place after – some of these people were in a program that was cut out recently by the Governor [California Governor Arnold Schwarzenegger], called Project Direct, which helped people get out of jail, get jobs and, but their program went until one o'clock. Now, after one o'clock, they wanted them to go somewhere, so they heard [about our programs and] they came to us.

This one guy [a client] went on this Art Walk and he says – after the Art Walk the guy who led it said, "Well, you can either go back to the Community Center or you can go home, it's all up to you." This guy was so used to reporting to his case manager, even though his case manager knew that that's what was going to happen. He said, "Oh, I'll get in trouble if I just go home." He was so used to that dependency model and reporting model. "No, no, no, it's okay." He says, "You mean I can just go home now?" He says, "You can go back to our Center or you can go back to the clinic" –

HP: So, it sounds like greater independence?

AP: It's all about independence. That's all it is, it's all about independence. It doesn't – his is a funny story and it's quick. Before we began this and we had our contract, I would go out in the community and say, "This is all about independence and people have to be at a certain level to benefit from coming to the Center." I'd say, "But what is independence?" Ultimately we want to see people go back to work if they can and blah, blah, blah. But let's say, someone comes and they are shy and they don't talk to people; and they come and they hear about, like we went to the Huntington Gardens. We don't have vans, one, we don't have the money, but even if we did, we wouldn't use them for everything. We want people to be able to get there on their own, so that they can go to the place.

HP: Right.

AP: Okay, so I'd go out and say, let's say, John came up to me and said, "You know, I want to go to the Huntington Gardens." "Oh, well that's fine, here's the bus route." "Oh, no, I need to know when the van's going to pick me up." "John, the van doesn't – we don't have that. You have to be at that level of independence where you can get there on your own." But let's say, Sue walks by, [I can] say, "But you know that girl over there a year ago said the same thing and wouldn't use the buses, couldn't get there. I could introduce you, or if you want to talk to her." And hopefully – and this is all hypothetical, what I'm telling you. "Hopefully, you will hook up and maybe you will go. If not, that's why we have things here for people, so you will grow and maybe next year." So the reason it's funny is a week ago, we have two case managers who brought a group of their clients to our Center to introduce them and we had gotten Hollywood Bowl tickets.

HP: Wow.

AP: Yeah, through the [County] Supervisors Office. Yeah, and they are good seats, too. And in fact I got to find out – they better have gone out – we got three dates. But, in any case, the Supervisors Office made it clear that they are for your clients, friends, family, whoever wants them. So I got to tell you this, because this is so funny to me. One guy wanted to go and I give him the ticket and take his name. Then all of a sudden about – what happened was that they asked me to come and talk to this group of people about Life Center and the independence aspect and all that. So, when I said that we had tickets to the Hollywood Bowl, first, are they free? and so a couple wanted them, and one guy wanted them. Fine.

I go back to my office to do my thing and all of a sudden about a half hour later. this girl comes to the door and she says, "I want to go to the Hollywood Bowl." Very directly, very appropriately, very – and I said, "Well, what's your name?" and she tells me her name. I say, "Well, what day did you want to go?" and she said, "Well, so and so is going on that date, and I wanted to know do you have a ticket for that date?" and I happened to [have one], and I said, "I do, but please, if you're not going to use it, then please let me know or give it back, so someone else can use it."

HP: Right.

AP: Well, what happened was, I mean, I wouldn't have known there was any shyness or anything with this woman. She was like in her 40s. All of a sudden the caseworker, after she left, says, "Can I talk to you for a minute?" and she comes and says, "I've never seen anything like that." And I said, "Well, what do you mean?" She says, "I got to tell you, these two people are going to go to the Hollywood Bowl together. Both of these people do not talk to people, both of these people are – I've never seen this happen. She heard, when the tickets were for free, that she wanted to go." And the caseworker said, "But she was worried about how she would get there." And the caseworker, without talking to me, this had nothing to do with me, said, "Well, why don't you talk to Joe, or whatever his name is, he's going and maybe he can help you." The caseworker says, "This girl would have never done that, she never does that and *he* never talks to people. The girl goes up to Joe, and says, if there is a ticket, I want to go to the Hollywood Bowl and see this, but I can't get there." And he says, "No problem, I'll take you, I'll show you how to get there."

Then she comes back to the caseworker and says, "But I need a ticket." The caseworker says, "Well, you need to go talk to Mr. Posner." And the caseworker tells me the whole time she's looking back, and the caseworker is saying, "That's okay, go, go," and I assumed they went, because I hadn't heard anything. But the caseworker was freaked out and I'm like being cool, because I said, "Well, that makes my day because hypothetically, I used to [encourage that], and that's exactly what we're trying to do here, and so it makes me feel really good." And she said, "The atmosphere here is so good for that," and I said, "Well, that makes my day too."

HP: How do you create an atmosphere that's like that?

AP: Well, one, I've done this kind of work for years, community building.

HP: Right.

AP: And first of all, from my perspective, and it's not always – well, it's realistic, but I always have to step back. And when I trained my staff to take on this project, I had to get them over the same hurdles – and they are mental health clients, most of them – that you would train other people, because they said, "You can't do that, we can't do that." I said, "No, we want to think out of the box and the Mental Health Services Act is trying to promote a new kind of wellness, how people get well, and none of this is going to be the same."

So, first of all, training the staff to just get as much as one can; acknowledge that we all have stigma about these things, just acknowledge it and then go beyond it if you can and stick to the philosophy that this is a Community Center. I pounded it into them. I mean, I said, "Get away from it, because we're not a clinic." This is like if the YMCA has people, if senior citizens go because they're whatever age or older, to a senior center, it's because they have something in common and you have to explain to people who come here, not so much what our mission is, but what's the independence model is, that they have to be at a certain level and that it's a Community Center. It's not, use the word 'community center,' give people the chance to get away from the clinics for a day, it's like –

HP: So it's not a place for the people who are really, really sick?

AP: We get people who are really sick, but one, they come for benefits. If they are not disruptive, there's no signatures like for classes they take and we have photo classes; we have someone who works for us who was a professional, I mean *pro*fessional, that did wedding gowns and the whole bit for 15 years, a professional seamstress. They are teaching people how to make clothes. If someone comes, let me just say this, as we go along, we modify what we do. We have to, and because so many people are not at that level of independence where we were hoping, you modify.

You know, if someone – the criteria was that if someone had stable housing, they could come here. Well, as you know, probably, we've had people work for us who were homeless, on the street, but they don't bring it to work. One guy, this was years ago, [was a] Vietnam Vet, saw heavy action. We got him benefits, he worked for us, he would come in a shirt and tie clean as can be; but he was on the streets and he used the Grand Bus Station [to clean and dress].

HP: Wow.

AP: Yeah, it turns out, after he left us, the nicest thing that happened with this guy was that there was a march for Vietnam War Vets – and I've worked at the VA [Veterans Administration] for a while with another program [but] that's another issue. We wanted to bring in vets, Iraqi vets, and we've had some success with that, but this guy went to this march and this was years and years ago, he came to me and said, "Oh, I'm so happy, all these guys I ran into I thought were killed over there." He ended up hooking up with the VA and for years – he just retired, he was in charge of their medical records.

HP: Oh, wow.

AP: Yeah, and so the criteria was if someone has stable housing – and homelessness depends what is the definition of homelessness and stable housing, what is that? I mean, we know what it is, but there are people who come there who just come and they're not too many. There are people who are homeless, but they don't bring them to us and they just come, they may come once a month, they may come once a year, they may come every day. But we have people who are very depressed.

And an example would be, even though this girl comes from around the corner, this "Coffee, Tea, and Talk," she wanted to go to that and it meets at a restaurant within a mile or two, it's close, but she wanted to go. "Who's going to take me there?" "Well, you have to be able to get there, just like we've talked about." But, in that case, we talked and Meryl, who works with us, I said, "Meryl, why don't you do this, meet her?" And we talked to her and said, "Look, Meryl will meet you here the first time, at the office, at the Center, she'll walk over there with you, or whatever, but from then on, if you want to go, you have to go on your own." I could have a client, or whatever, go with her. And she now goes when she wants to. So her thing is that she's not really able to converse really well, but she shows up and we hope in a year, she will be more – but she's independent in the sense that she comes. And so we had to modify what we're looking at in terms of independence, especially with the cuts, because make no mistake about it, the government wants people to go back to work and pay taxes.

HP: And do you think that's something that's a reasonable goal for –

AP: Since day one, in the work that I have done, for years, it's always been the goal and it's always been reasonable. We have people – it's how you approach it – one, we have a computer lab and yes, it's reasonable, but if the expectation is that you're going to take this huge percentage of people who are severely ill, or were severely ill and they're older, you want to get the young people. You want to get young people educated and you want to get young people, whether they are diagnosed, all the debate about they are diagnosing people very young now with bipolar [disorder] which, and there's a big debate about that.

HP: Yeah.

AP: But if you get people for whatever reason, it's the generations down, because listen, the whole way this works and I'm not clear on how to explain it, because I'm tired, but it's a generational thing. It is. It's a thing where, whether it's parents and loved ones being educated so that their minds are changed a little, or their beliefs, and then you got this whole cultural diversity thing, as you know, where cultures deal differently with mental illnesses and we don't have time.

HP: That's a whole other thing.

AP: That's a whole - but in general, if you can get people to learn and grow in a certain way, then it becomes – if you can take that group of people and they, over a period of time, are doing that, it becomes just normal. Do you know what I mean?

HP: And then eventually they can go back to the community?

AP: Right, and then it's a role model thing; but then it also educates the clinicians because they see that it works, they see that their work works.

HP: I see, so it's kind of mutually reinforcing?

AP: Yeah. It's mutually [reinforcing] – but it's not very easy. I mean, there are programs that, like with Sony, they will hire people who are challenged or [have]

disabilities. They will do it. It also ties into the economy, it was explained to me this way, and this is important because I think it ties in.

III. County and Contract Agencies; Key Concepts of MHSA; Learning from Mental Health Clients; Stigma; Changes over the past 30 Years

Someone very high up at the Department of Mental Health LA, as a colleague close to [the situation], this was a few years ago, we were talking. And one of the problems with these kinds of entities is that people get – once they are there for a number of years, they have Civil Service protection, and he explained this to me beautifully. A lot of these people start out, at your age, or my age, and it doesn't matter what age, but they start out idealistic, they start out with innovative ideas, they start out with –

HP: Go get 'em.

AP: Go get 'em. And what happens is the years go by and they get beat down by how things are. I mean, that's where the Mental Health Services Act, and all these – the whole phenomenon now throughout the [country] – when I started, there were no self-help groups in LA. None. And then we started one in LA, this was years ago. Now it's just normal throughout the country; but in any case, he explained to me that, because these people, then they're there 30 to 40 years, they have Civil Service protection, whether it's this entity or that entity. I don't want to – it doesn't matter –

HP: In any government.

AP: Institutional, yeah. And if the person at the top gives an order to the various locales where they want policy change or this or that, then these government entities where people have that protection, they can ignore it and they really don't have to worry. But his point wasn't so much that, that's the negative side of it, he was saying, really, the only way – and he wasn't saying that about what we were talking about, but it relates. The only way you could really change that if you could bring in a whole new group of people at one time.

HP: Right, institutional change is slow.

AP: Institutional change is slow. So we do it one on one. We don't – BACUP and our Life Center, it's just a little – looking at it from my perspective, it's my way of doing my little thing to help a few people out.

HP: Right.

AP: And hopefully someone who loves that person, or their therapist or whoever it matters to, will pick up on it, and then it's handed down to the next person. The only way, I mean, I don't know as much as you about this, but institutional change is what it's about; and I think the government is trying – I think the idea of the Recovery Model is very important. I think, and again I want to say that, in terms of the hospitals, I ask people, but [at] the IMDs I know, they have mentors going in, but the IMDs are still what they are. And so community mental health and getting people involved – I think there's a lot of young people. It's not to

ignore the people who are a bit older, but I think that's where the government and the non-government, non-profit entities and all these things really, when they have those programs for youth and identify those people at a young age, that's where you have a real chance to see people change. Because what you do is – and it's idealistic – the stigma is there, and the prejudices and all that, but you have a chance to help people cope with it, help people get the training and the community support and the therapy and the medicine and all that; and at the same time help them get out in the community and go to school, or whatever, and live so that they're not behind the walls of the mental health system. There are people who have a different opinion. There are a lot of mental health advocates, consumers, clients, whatever you want to call them, people who are in recovery who are advocates, who were pioneers in this movement, who see it as a culture and you don't want people to – and I just don't buy that. I just do not, that's the one thing I'm passionate about and I just don't believe it.

HP: So it's very important for the mental health community to be part of the larger community.

AP: It's essential, it's essential. People – it's not easy to work for any of us, and the stresses of jobs for people, as we know – I mean, BACUP, our Life Center, is reaching out to the Supervisors Office and I'll get your our newsletter, our first really neat newsletter, in a couple of weeks. Our whole mission is to reach out now to people who are affected by this economy and there are people, as we all know, who are getting kicked out of their houses and they are getting depressed and we can't do the clinical stuff. But the Department doesn't have the time and staff to see all these people, so we're trying to let them know they can come at least to our place and hook up with people and use our computer room [and] at least feel like they are trying to do something to get ahead.

HP: And have some support –

AP: And have support.

HP: Even though it's not necessarily clinical support.

AP: Exactly, and so they come and I mean, and we do have people come. I mean, it's nice, the Hispanic woman who works for us every week, she's from Guatemala, but there's people from different countries who work there. And it's a small staff, but every week they make Mexican food, or food from Guatemala, or wherever, and then they celebrate all the holidays, like [Martin Luther] King's Day, or Three Kings Day. They do it for Mexican Independence Day. We had people come, 25 people come, to watch the Inauguration, and then they talked about it. So we're trying to normalize for people who are in recovery, what they can experience.

HP: What they can experience, the way that everyone else is.

AP: Right. Right, but also knowing that they are not alone because they are with people.

HP: That is where the peer support helps.

AP: That is where the peer support helps.

HP: Okay, great. So you have mentioned the Mental Health Services Act many times. Tell me your thoughts on it. How it's gone, what's been good, what's been not so good about it.

AP: Well, I think that it's too early to really know, how it's going to be reflected. One has to – it would have been a terrible shame if that Proposition was overrun. If the voters had [passed Prop. 1E redirecting the MHSA funds], because it would have essentially redirected that money and even though it may have gone to children's services of some sort, it wasn't the answer; and it would have denied the programs, the Wellness Centers that are just being established, and the Full Service Programs?

HP: Full Service Partnerships.

AP: Partnerships that are a great thing. Full Service Partnerships 24/7 the idea that care goes to the person instead of the person has to come to the [clinic], that's innovative. If it's not innovative, then it hasn't been implemented until now. The issue, one, on an economic level everyone understands that, come next June one, because of the economy and they knew it anyway, the revenues are going to be a lot less and that means that's going to impact this whole thing. If anything, it needs more money. The problem on an economic level is that, as I believe you know, the idea of the Mental Health Services Act, which is a beautiful concept, was to make, for the state of California a system of care that covered all the areas, by Mental Health Services Act money not being mixed into the money that was already allocated for CGF [California General Fund] tax dollars, so that you're adding and creating this whole other system so that it would have been comprehensive.

HP: Right.

AP: And with what's happened, even without the voters voting that in, the changes, because they had already kicked out a program that part of the Mental Health Services Act was based on, which was –

HP: The AB2034 [legislation passed in 1999 to fund pilot programs to provide community-based support for the homeless and people with mental illness]?

AP: Right. When the Governor went and said that we need that money, we're using it, I mean, that meant that they said, "Oh, Mental Health Services Act will pay." Well, when you do that, it just totally diminished the reason –

HP: It defeats the purpose.

AP: It defeats the purpose. I think that, yeah, and the workers had that many more people to help. And now with this horrible, tragic cut, throughout the State in all programs, people are being laid off. I mean, Healthy Families.

HP: Yeah, just a lot of social services.

AP: Right. Mental Health Services Act funding they couldn't touch but if you have multiple streams of funding, even though they can't touch that, they touch the others. People are getting laid off, as you know. And in our sister agencies, so many people are getting laid off and then the cuts in services – so, when I'm trying to answer your question, I hope I'm not going on too much here, but I think the concepts of the Mental Health Services Act have been around for years. They just haven't had the funding.

HP: And what are those major concepts?

AP: That to create independence, you have to create independent programs. That to create – to give people the opportunity to go back to work it takes time and training, for anyone, whether it's through school or training programs. To see people advance in their lives, even if they can't go back to work, you need these additional ideas. You need these additional kind of programs, not to deny the clinical end, because that's important, but if you trap people only in the clinical side, then they are never going to get out on the other side. And so the notion of people who get frustrated and don't understand, quote and un-quote "mental illnesses," who think that these people just do it because they don't want to work [is invalid]. You know what I'm saying?

HP: Yeah.

AP: I think that the Mental Health Services Act offers a lot if the money is there, but it's being pulled back in education and education is everything. And again, I'm on the Ad Hoc Committee for Early Childhood Prevention and I was on the planning committee that sent the proposals to the state and that was really interesting, because how do you fund all these things? Yet you have to make a choice and then you have to take, like we were talking about, cultural diversity.

HP: Right.

AP: And that's a big issue; because how the African American Community views mental illnesses in their community is different than how the Japanese Community views it, or the Hispanics.

HP: Right.

AP: And these people – I listen more at these meetings, because the people, the advocates, in addition to myself, that were speaking, had really good things to say. The bottom line is economics. I have a lot of colleagues and advocates who are the biggest proponents of self-help and believe me, I've been involved with self-help and I think it's a critical component to all this. But I don't think it's the only component.

HP: So you need self help plus the clinical side as well?

AP: You need progressive clinical thinking. You need doctors who are trained right. You need doctors, I'm talking about psychiatrists and MDs. Look, I'm telling you from my life that had I not had the right diagnosis ultimately, for me, and I don't

want to get into [details], but lithium. I mean, I'll tell you this is the right medication, plus the right understanding that there are psychological things that you have to – For me, and I've talked to other people, there's a whole component that happens when you grow up and you're 30 or 21, and you finally get diagnosed – that if you don't catch it, I'm sure you know this, your emotional growth is stunted.

HP: Yeah.

AP: And then you have to deal with the fears of going out and the fears of living, that we all have, but they're so much more exaggerated for people who are in recovery. I'm talking about people who are in recovery and then come out of it to the point of independence, because you know what; you still got to deal with the same stuff.

HP: So you need to have a system that addresses all of these things? In terms of diagnosing, getting the right medication, giving the emotional support, and then also the self-help aspect.

AP: And the self-help and the education. If you don't educate people and I'm not talking just about mental health issues; I mean, definitely about stigma and how to deal with all this. Having dealt with my friends, having dealt with my mom, but just to talk for a second, my young friend lived up in Berkeley. Her mother lived up there for years and she's got – well, it's irrelevant, we're talking about the daughter; she's now sixteen and a half. She will be seventeen. She went through, like everyone – the bottom line is that she went through a severe breakdown, severe. It was almost – she was going to take off and go to Hawaii. This is all coincidental that she ended up there anyway and they found her at the airport with a ticket.

And she ended up in the hospital for three months, at different times, and it's not the hospital, it's that the treatment wasn't – she was allergic to this or that. I kept telling – as an advocate, because her mother would come to me and say, "Well, I'm frustrated with the doctors." And she'd tell me what they were saying, and I said, "No, they are doing everything right. This didn't work; they took her off of it right away." I said, "You know, it took my doctor – and this is 30 years ago or whatever – he told me it was going to take six or seven, maybe more months to really try to figure out what to do." And so she saw what I went through years ago, my experience; so she had that – this isn't someone who didn't have knowledge. But when it's your own kid, all that –

HP: It's hard to have perspective.

AP: So, sure enough, what I'm trying to get at is that the last I heard, and I talk to my friend now and then – yeah, about a year later they finally got it straightened out and then to the doctor's surprise, she was [able to recover]. But she missed high school, she couldn't go to school. She tried, but she was too sick and then she tried to go back and kids would make fun of her, but as she got well and understood – this is what I was told of her illness – she would speak up. But there's ramifications for that, because it's on record; and I think education in how to manage your illness from a young age – I'm really into youth, because, when I

was in 5th grade, had I got the kind of help I needed, I think it would have saved a lot of time. And I've seen a lot of [problems]; now I don't need that. but my wife, she knows all about me. She's an attorney for [the bank that] used to be Wachovia. And we met and my therapist at the time said, "Make sure you know how to talk to your wife." We have been married. So I don't consider myself a success story, from that perspective, because I still got my problems.

HP: Yeah, and also you went through a lot.

AP: I went though a lot, but listen, I'm not, what's the word? Yeah, I did go through a lot. I went through a lot, but over the years, especially in the field when your colleagues, your friends, or your people who are part of you come to you and they see you as Andy and they know who you are and you're there for a reason. Although now people just think, oh, he's the Director. Well, I don't throw the titles around, I don't care, it's what you do to make a person's life better and help them understand, although I'm proud to have – I've worked hard to get –

HP: To get to where you are.

AP: But I just want to say that, when you hear other people's stories, it doesn't diminish, because I've only told you part of it and you don't need to hear it all, it would bore you. But my thing to you is this, I'm very fortunate to come from many perspectives and our Center, it's primarily there for people who are in, quote unquote, "recovery." But it was developed and designed for families, for everyone, and because we've had the experience.

We used to teach a self-advocacy class and we will again. We brought in experts to teach and we do it around parity; one year it was parity and health insurance issues. We had experts come in and they would volunteer – no, we had some consultant money for that and three of these people were so amazed after the first year, because their perceptions from the media about what people in recovery were all about were just blown off the chart. They said, "Everything that the media told me, because I had never worked with mental health clients; everything was blown off the chart." Their whole perception was changed and they saw people at that class that they weren't all well and they had some problems sometimes. They offered to volunteer their time for the next year to teach it, [because] they got so much out of it.

The next year, through one of our staff, we contacted an attorney who dealt with systems and educating other lawyers about MediCal and all this stuff, and he'd never taught anybody but lawyers. He came and taught and one of his remarks was, "I am just so amazed because, usually by the end of three hours, I'll be ready to go to sleep, but these people were attentive right to the end." And his whole perception of what people in recovery are all about changed and he offered to teach anytime. But we gave certificates out. These people had – and they asked, "How should we teach?" "Teach like you would any other class." "Well, we teach in college," "Well, go a little slower, or whatever." And they used those certificates, some of them, to get jobs in community health. So what it comes down to is what you said, and it really is a holistic approach and it takes money, but it's not about money in the end.

HP: It's about having – well, it sounds like it's a lot about perseverance?

AP: It's perseverance, and having – the money hires people, but if the money is not there, you have to be real, so you try to get volunteers. But I'll tell you, I know I'm probably saying this for the third time, but I think that early – and it's not because of that committee, I just see that if you don't reach teenagers – One, I don't believe you can go in and screen people per se; but teachers can be educated for signs. I mean, without mixing in the whole idea of violence and mental illness, because you know the statistics and I want to make it clear that I'm not doing that, that people in recovery are no more violent than the rest. Studies have proven that, but so this is towards those people who have done these [violent things]. Some of them, no one was trained maybe to pick up on their signs who do these things, but let me make it clear. But I just think that we work with what we have and I think that it does have a lot to do with whether people do it for money or they do it for volunteerism. I think the one unknown is the people who can relate –

HP: And that's something that you can't put a price tag on.

AP: And how many people can relate, yeah, you can't teach certain things, right?

HP: Yeah, it's intangible.

AP: Yeah.

HP: All right, I want to move onto a few more just kind of focused questions as we start to wrap up.

AP: Sure.

HP: Looking back on your time in the field, what would you say were the major problems facing the mentally ill when you first entered the field and what are they now?

AP: Well, one definitely, getting the right diagnosis.

HP: Really, that's still –

AP: And it's still an issue now. But, in terms of the medical model, there weren't medicines back then that there are now. So you didn't have the – there are to some extent some tests that they can do and diagnose. There are diagnostic tools, I think, that are better now, that they didn't have then. I think there's more of an understanding of what it means now, definitely, to help people find their way. And again, years and years ago, self-help was like – It's still skeptical; but not like then, it was like, what's this all about, we don't want that here. And now self-help groups and self-help organizations are common in all areas of health care. I think self-help is very important. So I think that there's more of a cultural awareness and that you can't lump people together. I think that has changed significantly. I know it has for a reason that the County was involved with that, reports and –

HP: Okay, and in what respect – Actually, that leads into another question in terms of stigma. How stigma has evolved or changed or gotten better or worse over the years?

AP: I don't know that the idea of what stigma is has changed; it hasn't. I think fear that people have who are in these systems, whether by choice or whatever, circumstance, the fear that the stigma causes is just intense. I think that's there more of an awareness of it. I don't know if it's acceptance. We stigmatize ourselves because we're scared not to.

HP: Tell me about that.

AP: To some extent prejudice or stigma – for some people, not all, everybody deals with it differently, okay. But for some people, it's easier to lay down and say, "Yes, I can't do this because of this."

HP: Oh, I see.

AP: Does that make sense?

HP: Yeah, so it's self-imposed?

AP: It's imposed from the outside but –

HP: But then it's internalized?

AP: It's internalized and until that system finds a way, and I don't know how you would find a way. That is why helping people at a young age –

HP: And educating –

AP: If people have been around who are in their 80's and they have to deal with it, but it's different, or if they are in their 60's. I'm 55, I mean, it's a hidden thing. I mean, I still go to – how many people out there are hiding it?

HP: Right.

AP: But, I'll tell you, hearing from young people, not just one young person, but many. It's not that the stigma goes away. Hopefully someday it will, but come on, this is reality. But if you can work with people at any age, but you think of the young people. You think of people who are kids; and I'm relating to – I told you at the beginning that I was nine when I was very ill. We were at a family vacation and I was hearing voices and I was going to jump off of the rotunda.

HP: Wow.

AP: I don't know why. I didn't want to kill myself.

HP: Yeah, but it was starting –

AP: And they realized that it was serious and got me help. Well, no one back then talked to me about, you're going to have to deal with this as you get older; because, even though other people may not know about it, if I were you, I would just keep my mouth shut. Still keeping your mouth shut means you are internalizing it.

HP: Interesting, yeah.

AP: Does that answer your question?

HP: Oh, absolutely. I mean it's interesting how there's kind of – there's an interplay between the internal and the external.

AP: Yeah, there's an interplay; and I'm not clear on how it all – because I don't think anyone – you can throw these things out, educate, and they're important and they're real, all that, but there's more to it that that. I mean, society is what it is and then you have the cultural diversity too. If the mental health system is saying, "Let's talk about it," but whatever culture, or you go home and they don't want to talk about it. And then if you are not independent, then you may feel guilty about, "Well, my parents are or my family's right."

HP: Right, so it can be a vicious circle?

AP: I think the growth aspect, the question you are asking, I don't know how it's all going to change or it has changed. I think it's – I know for a fact, within the mental health community, it's dealt with more. It's an open subject. It's [that] consumers or people in recovery are now at the table, as they say. I mean, the progress compared – to get back to that, I've got to tell you, when I was involved with this at the beginning and some of my colleagues, who are older than me, they used to meet in the forest to talk about the things we're talking about.

HP: Really?

AP: They did, they are older, and they used to meet. But then in the early 70s, things started to change, so look at where we are now. I mean, I fortunately was one of those who were able to go to the table. Ed Roberts, who was in charge of the Department of [Vocational] Rehabilitation [1976-83], was a quadriplegic and he assumed that role when Jerry Brown was governor. It used to be that there were psychiatrists who ran that Department, I think, but when he took over – he was responsible for all the [sidewalk] cut outs, so that people can have wheelchair access –

HP: Oh okay, yeah.

AP: That was one of the big things. But he got to know me and there was no mental health representation and this was long ago; and he put me on two committees in Sacramento. This was years and years ago and I would – Boy, I would speak up when they wanted me to, or when I felt like I had something to say as well, but it was a hostile environment.

HP: Yeah, yeah, I bet.

AP: And the other thing, I ran into someone recently. I was working years and years ago at disabled student services and [there were] programs in the colleges, not just in the Community Colleges, but State Universities, all those. We were supposed to cater to people with all kinds of challenges, physical and mental, whatever. It became that they were only catering to people basically back then with physical [disabilities]. I was involved with committee meetings throughout the state with people, advocates who were well-connected, and they were going to – Because the Rehabilitation Act of 1983 said you have to give everybody equal access, basically, and they weren't doing that and we were going to – there was going to be a class action suit if they didn't change. But, even in those circumstances, it's much better now. People can –

HP: People can speak out.

AP: People can get help in the colleges. It's much better than it was 30 years ago, 20 years ago.

HP: And what do you attribute that change to?

AP: Well, what I was going to say is that it still has a ways to go, but because they were – I think the reason is, it wasn't just because of the threats of lawsuits, although that was a big part of it. I think that more people who have been in recovery were going out in the community. I mean, I think there *has* been a big change in terms of people going out more and –

HP: And your organization is definitely a part of that move.

AP: Right, we're a part of that, we're a small part of it, we're not a huge place, but we're very well respected in the circles. We're trying to – I mean, the mission, as I told you at the start, is to really – our mission basically states that people need to be – we don't judge if people want to stay within the mental health system. That's fine, but the society and government has a role in ensuring that people think of themselves as citizens of the community rather than mental health clients first. And we really push that – I've read once that mission statements, if they are true and real, they pull everyone, and we all follow that and we've stuck to it.

IV. Success Stories; Leaving the Board and Care; VA Experiences; Comments on the Ideal System

HP: So can you give me maybe an example of a real success story from BACUP of someone who has gone from being just a mental health client to being an active citizen?

AP: Yeah, I can actually give you quite a few, but let me –

HP: Just maybe one.

AP: Yeah, yeah. There's a guy who works with us and he was definitely seriously ill. This will take two minutes.

HP: No problem.

AP: Okay, let's see, he was getting to a point, he wasn't working, he was getting to a point where he wanted to work and he started volunteering at another agency. He took one of the self-advocacy classes. At that point in time, we had applied for the grant to get the Wellness Center, the Life Center, and we told everyone about it, and we'll keep them posted. He was told about it and the reason why this is interesting is that this person did something – I don't know all the details but I got a call from his mother. It was around the time of the West Virginia shootings. I got a call from his mother, and I've never talked to her [before] and she said that this individual wants to make sure you know that he hasn't shown up because he's in the hospital and he doesn't know how long he will be there. But he really wants to make sure you know that he wants to complete the class and he told me to tell you that he does want that opportunity to work at [the Center], if you get this money. She called again, and I told her, "Tell him not to worry, just to get well."

And he somehow he had emailed something that was taken as a serious threat to West Virginia NAMI. He had emailed, and he's not someone that is going to hurt anyone, he's never hurt anyone. If anything, he gets hurt, but whatever he wrote, NAMI sent it to the officials; and then when he relayed the story to me, the Long Beach Police came to his apartment in the middle of the night, and 5150'd him [a 5150 is an involuntary psychiatric hold].

HP: Yeah, right.

AP: And they wanted to make sure that he wasn't dangerous. He had emailed something that had nothing to do with that but because it was in the area –

HP: And the timing –

AP: Yeah, and the wording was off. And so he finally got out. I mean, he was there a while, and he told me [the] last thing the psychiatrist said, "Next time just keep your mind shut." And the psychiatrist knew, but still he had a history of going to the hospital, I guess. I don't know his whole [story], but he came to work for us as a peer counselor. This is, what is today, August? Gosh, he has been working for us for over a year. One, he had to learn that you have to show up to work on time. He is now very reliable, makes the same mistakes we all make, and learns his lessons. I mean, there are some serious ones, in terms of, we had a budget issue. But he's really and in particularly in the past six months, he's [been] relied on; he has dealt with difficult people. He does statistics, and he had a big problem when he started. And this is a big problem [with] people going back to work. After a few weeks, the newness wears off; and then they see someone do something and they think they can do it. Well, now he's got, he understands that no, this is a serious job and he has a serious role. He just went from an apartment that he lived in to buying, it doesn't matter. I guess his parents had something to do with it. That's irrelevant because he's buying it. He went off benefits completely.

HP: Great.

AP: Completely. Pays taxes and he just moved into his own condo; and he could go other places. Oh yeah, he's a sharp guy and that's one.

HP: Okay, I'm curious.

AP: But success is all relative, you know.

HP: Yeah, because that's a step.

AP: Right.

HP: The one thing I would like to get back to that we got off track of was your story. How did you go from the board and care to BACUP?

AP: Well, that's interesting and I'll tell you, what happened was – in fact; someone who was a friend of mine, a lifelong friend, came and saw me there. She happens to be a doctor, not a psychiatrist; but she said, "Oh, you'll be here the rest of your life," and I was really out of it. In fact, the intern there said, "I don't know how they let you out of the hospital." But they had to, because of how MediCal worked at the time. I got to tell you, in the middle of all this, three of us, some years ago, at some restaurant near where we lived, near the office, our old office, contracted Hepatitis A. And we were all very sick, but I almost died. And the doctor thought for sure one night I was going to, and they were going to ship me to UCLA to get a liver. That was horrific, oh, man, it was painful, because they make you eat to keep your liver going. That was in the middle of this whole thing and so there's illnesses and there's illnesses –

HP: Yeah, different kinds.

AP: And my sister had stage 3 colon [cancer], the one whose daughter had –

HP: Oh wow.

AP: So I've seen a lot of different [illnesses]. But how I did this, well, I said to myself, this board and care home isn't right for me. I, at that point, was getting benefits and I just decided to get out of there. And I remember, I mean, you're asking for funny stories and we don't have time. But I somehow found this apartment and I had to, not lie, but you can't tell people that you're getting benefits. So I wanted to move to the beach, but I got this little place in the Fairfax area, near Canter's Delicatessen. That first night, I mean, you're institutionalized and when I was at the private hospital, they were going to send me to Camarillo; and, at that time, whether it would have been good or bad, who knows. But then, [as] you heard, the circumstances changed.

HP: Right, yeah.

AP: And I wasn't suicidal that first night or two, but the culture shock was – I mean, listen, I met a guy at that board and care who had – this ties in, okay, and this probably helped me get out of there. He had met a girl and lied before he went in there. And this girl was a dancer and he said he was a plumber and he would go to her house and get up in the morning and lie and the whole bit; he moved in.

And I think he was the first guy I met and the girl called him there, because his mother gave him a phone, found out where he lived and that just – He tried everything, all the medicines, and that really shook him up. I'm sharing this because it's important to say, "No." He wanted me to kill myself with him and jump off a building and I said, "No, Ray. I'm not into that. I'm trying to get well and that's just making it harder, and gosh, I hope you don't do that."

So, subsequently, he jumped off a building and it wasn't right away. But I was asked to do the eulogy at his funeral, you know, and this is, let's see, that was 25 years ago. I decided to get out of that board and care no matter what; and I did and I got this apartment. But the first – I mean, whatever time it took, and I called suicide prevention and again it wasn't because I was suicidal. I wasn't. I was glad to be [there], but I was really scared.

HP: It's a big adjustment.

AP: Yeah. They said, "Well, isn't there a restaurant near you or somewhere you could go?" It was right around the corner from Canter's. So I said, "That's a good idea." She said, "Just to be around people." I did, I went over there and slowly did things that got me out, so that got me out. Actually, when I was in the board and care, this was before I got well, I mean, this was before I had the medicine. I just didn't feel like I was – I just decided to do it. And there, this is really funny, I had this crazy notion, and maybe it wasn't a crazy notion, but I pretty much, I guess there was always that social interest; so I had this notion to start this organization called Human Organization for Potential and Equality. HOPE. But I was in this dream state and I'm stopping for a second only to tell you that there's so many thoughts that flood through my head about things that happened back then.

But in any case, what happened was, Ray, the guy that I was telling you about, he said that there was this lady who's coming to talk about starting self-help groups. And I said, "Well, I'm not interested, I just want to be alone," and he said, "Well, just come on over, she's just going to drop by." So I went and there are like four or five people, and the lady said, "This is what we want to do, and we'll have another bigger meeting with your ideas." So I went to the bigger meeting, it was on a Saturday; and I said, "Well, it sounds like you want to do the same things I'm thinking about, so I can forgo the name HOPE;" and boy, did I – I mean, it was a great experience. It helped me a lot, let me tell you, it helped me a lot, I would never deny that self-help helped me a lot. But I also learned a lot about – well, two reasons it helped me a lot.

One was [just] because it helped me a lot. The other reason is that we were at the VA, stationed at the VA. That's what really helped me a lot and I'll tell you, we had a small office at the VA in one of the back buildings. I, for whatever reasons, I wasn't a soldier, I wasn't a veteran, but a lot of the soldiers just took to me. They would just tell me these horrific things. You know, usually, there were Korean Veterans, there were World War II Veterans, but the Vietnam War Veterans told me stuff, confided in me about stuff that didn't come out publicly until years later. I mean, I heard the most horrific things, and I'm thinking of this war now, that's why we do see veterans. Part of our outreach is to veterans and it's a major part of the thing we do. It's hard to get veterans, especially young

veterans, women or men, because they don't want anything to do with the VA, they don't want anything to do with non-profit. They don't, they just want to hang out with their buddies.

But, in any case, these veterans, one guy, and it's significant and then I'll cut to the chase. He told me how he was a very placid, non-violent person, he had a wife and I think it was two or three kids. He went over there, he had some expertise and he was involved with interrogating people. He told me the bleep-bleep details of what interrogations were; he also told me that he was told to go into files that only his superiors were supposed to go into and get stuff. And he would read this shit and he said that he'd tell them, "But I am not supposed to go in there, it's written here in my [file]," and they would say, "Listen, unless you want this or that." And so, just like you're here, now I think about it, this is a good interview. He came back and was violent, that was why he was in the VA. He lost his family.

He was, probably 35, 36, and really – I mean, he was locked up because he was violent. They took me to one of the back wards that no one sees one time, I mean, no one goes – it was like watching [*One Flew Over The] Cuckoo's Nest*. And I saw shit like that myself, but not like this. These were veterans that were locked up in one of those back wards. That VA experience. So you asked a good question, how did I get out of there? What am I doing? For whatever reason, that VA experience touched my heart. I mean forget about mental illness, but not being a soldier, having these guys and women, mainly men, confide in me, for whatever reason. I still run into some of them now and then.

Dealing with homeless people too, seeing these guys get kicked out, because their time was up, but hearing the stories. Then they would say to me, "You're not going to believe me;" and then I would believe them, and then years later, the expression they would use, they were told to collect "gooks' ears." Quote, un-quote. This was before it [these stories] came out and so the bottom line is that getting involved with this organization, that helped, and the self-help organization helped me tremendously. But, for a lot of reasons, but I know, because working at the VA and meeting those guys and gals, mainly guys, and how some of them were treated. How they weren't getting the help and then because of my experience with – the reason why I'm successful is I took my experience in all ways, shapes and forms. I don't think everyone can do that. I don't think everyone has – some people need more formal education.
]
I thought by now I was – another sister was a city attorney. Yeah, they all [my sisters] have advanced degrees. My parents have degrees. I actually got back into Berkeley, but I wasn't well enough and was going to school to get a degree in Spanish here and then I got this job where I am now. But I took all my experiences and made them work for me. And so I took my experiences dealing with the Social Security Administration and put it to use as an advocate and learned everything about benefits, SSI and SSDI, and had training from colleagues who were doing this for years. So that's how BACUP started and I've been there 23 years, so I understand. I'm a realist. I understand where I'm at, I understand that I have this job.

My dad, at the time he died, it will be August 19th, I think it was 21 years ago. Well, that's okay. He thought I was crazy for taking this job, without getting into how I was contacted, but what happened after I was contacted for the job, because the guy was nuts. But they wanted someone with at least a BA. I said, "I don't have a BA." They didn't lie, they just told him, experience-wise, I had this job. But my dad said, "Why are you going back?" Well, I was working at Kinko's at the time. I had done all kinds of jobs. One of the great jobs I had, and most of these people had [a] Masters, was as a soil engineer. But I was so ill that I couldn't do it and the girl, I remembered, covered for me and said he was out with the flu.

So I have seen these different jobs. I took what I could and when BACUP started we began it as a [way to help people get benefits] and it still represents people for SSI and SSDI. So I self educated myself. That's what I did, and sometimes I've thought about going back to school, just for the piece of paper. It wouldn't have made a big difference. Not that – over the years I have been offered other jobs, or I've checked into others, but I like where I'm at and I like what I'm doing. I want to retire from there. But that VA experience –

HP: That's what made you decide that's what you wanted to do.

AP: That VA experience – but lo and behold, this is sort of funny too. Our agency was one out of 350 throughout the country that was awarded this grant to do benefits for homeless people. 35 agencies out of 350, we were one out of three in the LA area. And from their end, it was research on how to speed things up from Social Security's end, and from our end, it was outreach and representing people. And it was called "Hope," it was Homeless Outreach Program and Evaluation. So I had the fortune of getting to know – they're colleagues now, pretty high up people and they want to hear what's going on. And they want to know what's not working right, or what the rumors are about how things should work and when they hear something, they've helped with some really difficult cases.

So that's what happened. And I do remember that experience, when somebody says to you, "Oh, we're all catatonic," and they are trying to be sarcastic and they work for Social Security. Those kinds of things just aren't right. But, like I said, you can't lump people together and I've gotten to know enough people high up, or local, people in different jobs. I know it goes without saying that they have the same problems and they have to deal with the same bureaucracies and they're human and people should realize that. They shouldn't just take their frustrations out, in my opinion, they ought to take a step back and think, "Well, it's not so much that they have feelings; but maybe they know what you're talking about, but they're not always able to say it."

HP: None of us are comfortable with where we're coming from.

AP: Or that they can express it. They can't necessarily say to someone, "Well, gosh, I was just trying to get my kid into a special program [and] the bureaucracy there was [similar]." It's a little bit different than where I work, where we want to connect with people that way. But yes, the VA experience helped me.

HP: So that was good.

AP: Yeah, and it had nothing to do with me, it had nothing to do with mental health per se, it had to do with people's stories and why their lives were changed so horribly.

HP: Yeah, yeah, interesting. Okay, well, I have one last question for you. What is your vision for the future of mental health in California and what would you like to see happen? Where do you see it going?

AP: Well, first of all, in all the answers I've given, I think it's come through, but I think one thing that is really important: As a system evolves and develops, it really has to realize that everyone is different and that even though there are common therapies, or common medicines that may work for different people, a) they may work; or b) they may work in different ways. But you are talking about human beings with different personalities, different upbringings, different values, different beliefs. And one important aspect – and how it's done is not something I can clarify. But I think, if you look a hundred years from now, or fifty years from now, the system, or twenty years from now, because not right now, a system that really understands through program development that everyone is different and you may say, "Oh, my friend's son or daughter, or my brother, whatever, had the same thing and went through this or that, and this is what happened and this is – and now that so and so may get this or that treatment or medicine–" No, because human beings are different. We're all different, that's what makes us interesting.

HP: Right.

AP: You know the quote, "we're all more alike than we are different." Yeah, and that's true and that's good for a general sense of programming. I think that what needs to really happen is – we throw these things around and I don't mean in a negative way, maybe. But for myself, the understanding of cultural differences so that you respect people's cultures and you are trained, whether that be in school, which I know people are trained that way, but if you're trained outside of school, self-educated, or through the mental health system in California, you really understand that people's cultures have a lot to do with how they are going to respond to medicine and therapy. And whether it's being bilingual in Spanish or Korean or Chinese and the different dialects of these languages, or Hebrew or Arabic – and then, with what's going on in the world, helping people who may be Muslim, or have other kinds of backgrounds, that they don't feel scared.

HP: So developing that?

AP: Developing a strong sense of culture within the culture of the mental health community and seeing it become integrated into the greater community, whether through the Community Colleges – there are little aspects of that happening now in the Universities and the State Universities or the trade schools. What's the vision? The vision is a holistic system of care that takes into consideration all health, physical, mental. I think one of the nice things they are talking about with health care, insurance reform, or however it's labeled, is finally doing away with pre-existing conditions of any kind. This is a huge thing.

I'll tell you one thing I'd like to see. I'd like to see that for people to get SSI benefits, the person can't have right now more than $2,000 in savings or in annuities or assets, period. I've been an advocate in that area for 25 years. That $2,000 limit has not changed. I think that if the minimum wage hadn't gone up for 25 or 30 years, you would have a revolution. And it's prohibiting people from getting ahead. I think that, integral to changing all this system, you have to help people get out of poverty and, it's an investment. And what people make in California and in other states, not make, what they need to live, does not help people get out of poverty. It keeps them down.

HP: So helping with that as well.

AP: I think a system has to take all these things into consideration. I think the system has to be comprehensive, with self-help, with Wellness Centers that are holistic, with good diagnosis, as we talked about. I think that a Recovery Model should include everything from what works for that individual, and if it's medicine, don't over-medicate. But those issues are partly part of the puzzle of solving, how do you diagnose? Hopefully in the next 20 years, for bipolar illness and schizophrenia and some of the others, they will have a blood test or they have gene markers for some of these things. So I really want to be thoughtful and clear. What is a vision for even 10 years from now? I think, for right now, I think bringing a lot of people into the system who aren't aware of what these quote un-quote "illnesses" are, to break down the stigma, to break down the barriers. I think that the more people that would volunteer time who have never done so they will walk away saying, "That's not what I thought. That's not what I've been taught through the media." So then they pass it on, one-on-one.

I think in the group setting, in the system setting, I feel that the system should not, and I'm not saying it does or doesn't, because I'm not really clear on this one, it shouldn't promise more than it delivers, period. And I think that's the hardest part for families and parents. They are set up, like in all systems sometimes, to believe that their loved ones are going to get the help when it's not there. I think the concept of 24/7, where the person who needs help is at the center, and so that, or the family, or it could be a provider – I think breaking down some of the barriers that we wear these titles as clinicians too, that they come down. They don't go away, but the fear - the notion that someone who maybe is talking and not making sense – maybe there's some training that people can get, or maybe stepping back and saying, "Well, wait a minute, let's hear what this is about." And one thing that hasn't changed and it's not to say that all hospitals for physical challenges or physical illnesses are good, but when you go into that hospital, you know that you're going to get the help you get one way or another. The doctor may not have good bedside manners, but you're not dealing with this kind of stigma.

HP: Right, right.

AP: And so one thing that must change is that somehow that – and it is changing, I want to be real clear that it is changing – when people need to go to the hospital, they go in the hospital that provides them – And I'm talking about through the state, I think that a lot of the private hospitals, from what I've heard and I've seen

a couple of them, it's a little different, but I'm talking about in the state of California. I think that excellence and creating that kind of excellence depends not on money alone. I do think in reality, society has to make a commitment for a holistic approach to helping people, and if there's a way to combine education resources to some extent with mental health resources, and create the kind of structure that people will get more of the comprehensive help that they need; and then dealing with stigma.

I think the VA for instance, from what I've been told by some pretty knowledgeable people, and I'm talking about throughout the state, there has to be a melding of sort of resources through all these organizations, so that vets get the kind of support they need. There's no reason anyone should end up on the street and be homeless in this country. There's no reason for that – and I'll get to my point – but veterans who were willing to give their lives and then they are on the street. And this is finally one of the most important things that the state of California realizes now. That's why the Mental Health Services Act realized that some of the money needs to be put into housing. Unless the State of California makes a serious commitment to building low income, comprehensive, good quality housing, like that's being built now in a massive way, whether it's in LA or San Francisco, that is quote un-quote as much as treatment – part of the treatment. Because whether you're quote un-quote in recovery or mentally ill, anyone who doesn't have a stable home is going to be anxious, worried, scared, all these things and unable to deal with the other issues. And that has to be a focal point and there's no reason, in 20 or 30 years or 10 years, *10 years,* homelessness [should not be eliminated].

HP: Yeah.

AP: Five years, whatever. I mean, immediately. So I think that, when all of this is said and done, this is a people process.

HP: People-centered.

AP: It's people centered, it's colleagues looking after colleagues, but colleagues looking after people who they are helping; and people who are getting help making sure that they feel free to speak up if they are not getting the help they need, so that they don't feel fearful that, if they say something, they are going to be blacklisted, or whatever. I think an open system that's transparent and it's going in that direction. But I can tell you from way back when – and, like I said in this interview, I'm not saying I'm one of the people that came from the "snake-pit era," because I'm not and things have changed a lot over the years. But there's areas that just don't feel right to me and there's little bits, there's little snapshots here and snapshots there. But in between those snapshots, people are losing out and the result of their losing out is they're probably, maybe, could get ahead in life. It doesn't mean getting educated in college, but they could be feeling better or more happy about their lives.

HP: So, there are still people slipping through the cracks.

AP: Oh yeah, they are slipping through the cracks, definitely people are slipping through the cracks. And I think that addressing that, I think addressing the needs

of families and extended families, and the stress that these things put on families is just – unless you've been there and experienced it. It's not – the primary is the person, but the stress and the supports and what's not there for the families, which result directly – and what's not there for the loved one is a serious matter and that needs to be addressed.

HP: Okay great, well thank you so much for this, it's been very interesting.

END OF INTERVIEW