

PAS Newsletter

Parents of Adult Schizophrenics
of San Mateo County

JUNE 1982

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

Meeting Schedule

Hrs 1-4 pm, Mon-Wed-Fri

JUNE MEETING

Date: June 18, 1982
Time: 11:30 AM

Place: Bay View Savings Community Room
2121 So. El Camino
San Mateo

Please join us for our annual Schizophrenia Day observance.

Agenda: Good food - pleasant surroundings - an opportunity for plenty of time to visit.

Drawings for door prizes

NOTE: If you have any white elephants, plants, pottery, cakes, cookies, etc., please bring them to the luncheon for the drawing.

MHAB continued

Several county programs have recently been reviewed and received good marks; among them are Eucalyptus House, Cornerstone and North County Day School project. Ms. De Luca reported that state budget matters are still in a state of flux. A Medi-Cal consolidation is under consideration whereby reimbursement for fee-for-service providers may be shifted from the state to the county.

The board voted to write pertinent letters to members of the legislature (copies to Governor) requesting no further cuts to direct services or administrative services, and no further mandated services without funding attached, as the county mental health budget is at ground zero now.

Editorial note: Now is the time to voice your budget concerns to your representatives in Sacramento.

Sue Miller, MHAB Observer

Other Mental Health Meetings:

1st Wed. Mental Health Advisory Bd
Every Month 12:00-2:00 pm Multipurpose
Rm Hlth & Wlfr Bldg, 37th SM

3rd Sunday Assn for Mentally Ill Napa
Every Month State Hospital, Music Room
11:00 to 1:00 pm

NOTE: There will be no regular meeting of PAS in June.

MENTAL HEALTH ADVISORY BOARD MEETING 6/3/82

Of interest to PAS members: Two new members of the MHAB were introduced: Sally Mishkind, former President of the San Mateo County Mental Health Assn, and Rachel Mazzoline, a registered nurse employed by Pan American Airways. There remains one vacancy on the board - that to be filled by a physician.

Terry De Luca, Mental Health Director, reported that the department has received a \$73,000 grant from the federal government to serve mental health needs of mud slide victims in our county. She further stated that a selection committee of five are reviewing five proposals submitted to run Cordilleras Center. Results should be announced later in the month, after the Board of Supervisors act on recommendations of the selection committee and Health Department administrators.

CALIFORNIA ASSOCIATION, FAMILIES OF MENTALLY DISABLED, Summer Conference - Friday afternoon, July 16, Saturday all day, July 17. Hosted by Friends and Relatives of Mentally Disabled, Orange County. At the Quality Inn, Anaheim
Theme: "Building Bridges of Hope"

Call PAS office for registration form if you wish to attend.

NATIONAL ALLIANCE FOR THE MENTALLY ILL
Fourth Annual Convention, August 5 - 8, at the Marriot Gateway Hotel in Crystal City, Virginia.
Theme: "Empowering the Consumers of Mental Health Services"

PAS members extend sympathy to Jane and Howard Lewis and family in the tragic loss of their daughter. We all share your grief.

SB 929 - The bill which provides for a pilot project for medical exams for mental patients was signed into law by the Governor.

Thank you to all the members who wrote in support of the bill.

Mental illness still in closet



If you are feeling depressed, you may be somebody special.

Sir Winston Churchill suffered depression. He called his dark moods his "black dog," said sometimes "desperate thoughts" came into his head.

Astronaut Buzz Aldrin, the second man on the moon, suffered severe episodes of depression.

Nor is it a malady peculiar to our century. Depressive illness contributed to the classic literature of Dostoevski and Poe, Hawthorne and Darwin, Hemingway and Plath.

But for Hemingway and Plath, the depression led to suicide.

If you are feeling depressed, so are 4 to 8 million other Americans. One-and-a-half million Americans are presently being treated for depression, perhaps five times that many should be.

But while our nation donates and spends generously on research and treatment for other ailments, we are strangely stingy when it comes to mental health even though the 10th leading cause of death in the United States is suicide.

We are spending \$200 per person per year seeking a cure for cancer, \$100 per person per year on heart research — but only \$6 on mental health.

And where there is some national organization fund-raising in behalf of cancer, heart disease, muscular dystrophy and an assortment of comparatively rare ailments, no national organization is fund-raising for mental health.

Yet, despite the scandalous frugality of our investment, much has been accomplished. Individuals heretofore institutionalized for years or for life are responding to drug therapy — frequently within days.

Tricyclic antidepressants now most effective in treating depression are Elavil, Tofranil and Nopramin.

Eighty percent of depressive patients respond to these drugs.

But since the phenomenal 30-year success with drugs our mental hospitals, virtually emptied, have been closing.

This frequently leaves the chronically disabled, with no sanctuary, back out on the street, to become criminals or victims of crime.

For anybody chronically mentally ill, the street is no less cruel than the snakepit.

At least one foundation with which I am acquainted has initiated a coordinated study of mental illness. The objective is to combine the efforts of many researchers, compare patient populations, hopefully to accelerate our understanding of the "unhelpable."

If their number could be reduced from 5 to 19 percent — down to 1 percent — it would redeem millions of people.

And, from a purely pragmatic point of view, it would materially reduce the \$30 billion a year we now pay for health care and lost productivity and the incalculable cost of crime traceable to this cause.

Medicine made negligible progress against leprosy, TB and cancer until those diseases came "out of the closet."

Hopefully, mental illness is next.

Los Angeles Times Syndicate

Caring for 'Bag Ladies'

Our handling of the mentally ill has never seemed in such a mess. Medical advances have made possible the treatment of most forms of mental illness, yet thousands of obviously disturbed people sleep in alleys and idly roam the streets of most major cities. This is a failure not of our mental institutions but of our political institutions.

Take the case of New York City, where the sight of "shopping bag ladies" is all too common. A class action suit was filed recently against the state on behalf of an estimated 6,000 homeless ex-psychiatric patients who now live on the city streets. The suit seeks a court order for the state to provide residential housing for these people.

Ironically, one of the reasons these former patients are on the streets is a 1975 U.S. Supreme Court decision, *O'Connor v. Donaldson*. The case involved a Florida mental patient who alleged that the state had violated his constitutional right to liberty. The court ruled unanimously that the state cannot confine a person who is not dangerous and is capable of surviving safely by himself or with help of friends and family. That decision sped up a New York State policy since 1965 of releasing harmless patients from state mental institutions. Since 1965 the number of institutionalized patients has fallen to 24,000 from 80,000.

While the mentally ill should not be locked up unnecessarily, it is difficult to determine which patients can care for themselves outside the institutions.

The psychological security of a hospital and the routine of dispensing medicines can greatly improve the condition of many patients. But once that security is gone and the routine of taking drugs is broken, these patients often deteriorate and end up wandering the streets.

Instead of trying to strike that fine balance between a patient's civil rights and his need for treatment, many government officials used the court decisions on the mentally ill as a sort of no-fault insurance. "Don't blame me," they say about the problems of their former wards. Meanwhile, state officials, with an eye toward reducing expenditures, continue to release psychiatric patients in the knowledge that many will not be able to fend for themselves.

The reason for this mess is that sweeping court decisions cannot adequately address the problem of caring for the mentally ill, and too many government officials are eager to abdicate their responsibility in the face of a court ruling. We thus end up with courts making policy decisions that should be made by elected officials.

It is indeed a paradox that the same liberal instincts that brought about a court decision offering mental patients freedom from their institutions now demand that they be housed in state institutions of a different kind. But it should not be too hard for both the courts and elected officials to come to terms with a problem that involves nothing more than determining whether a freed mental patient has anywhere else to go.