PAS Newsletter

Parents of Adult Schizophrenics of San Mateo County MAY 1982

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

Hrs 1-4 pm, Mon-Wed-Fri

Meeting Schedule

MAY MEETING

Date:

May 26, 1982

Time:

7:30 pm

Place: San Carlos City Hall

666 Elm St., San Carlos

Second Floor

Speaker:

Robert A. Hamilton, Vice Pres., Hibernia Bank, Manager Financial

and Estate Planning Division

Topic:

Estate Planning

Mr. Hamilton received a BS at Univ. of S.F. in 1950, Doctor of Laws Univ. of S.F. 1956, American Institute of Banking Certificate of completion 1959.

He served full time and part time with Crocker Bank, both in the Commercial Section and the Trust Section 1946-1956; was Trust Administrator with United Calif. Bank, administering various types of trust accounts 1956-58; Trust Officer with the Hibernia Bank, administering probate estates, trusts under wills, conservatorships, guardianships, agencies and inter vivos trusts with a combined asset value of approximately eighty million dollars and with a numerical total of approximately 115, 1958-1978; Estate Planning Coordinator 1978-1979; and 1980 to present, Vice President, Manager Financial and Estate Planning Divison.

Other Mental Health Meetings:

1st Wed.

Mental Health Advisory Bd Every Month 12:00-2:00 pm Multipurpose

Rm Hlth & Wlfr Bldg, 37th S.M.

3rd Sunday

Assn for Mentally Ill Napa State Every Month Hospital, Music Room 11:00 to

1:00 pm

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Mr. Jay Gellert, Director of Dept. of Health, was our April speaker. He was interested in hearing PAS members opinions on program planning for the mentally ill. Mr. Gellert responded to questions regarding cutting funds for Cordilleras, saying that he felt that Administration could be cut back without hurting program.

MATEO LODGE & DEXTER HOUSE

There are no vacancies at the present time. Although we would like to keep Dexter as a Coed house, we have had difficulty filling vacancies for female clients.
To visit call: Mark or Dan, Dexter 365-9453
Tony or Fidelina at Mateo Lodge - 365-7043

Ton Adamson, Convdinator

SCHIZOPHRENIA DAY

May 22 is "SCHIZOPHRENIA DAY". This observance was started in Great Britain in an effort to increase public awareness of where we are in research into schizophrenia and gain public support for an increased commitment to finding the answers.

Several Bay Area groups formed a committee to work toward bringing the problems of people suffering from schizophrenia and all mental illnesses to the attention of the public. Radio and TV spots have resulted in many responses. Luncheons and dinners are planned by several groups.

Although they could not manage to have it coincide with May 22, Yolo County Families for Mental Recovery had a very successful dinner, with two speakers, on April 29.

The families Group of the Mental Health Assn of Alameda County is holding a dinner with an informational program on the state of research into this area of mental illness, on May 21, 1982. Dr. Jack Barchas will be the speaker.

PAS had the same problem as Yolo, we could not have our luncheon until June 18, 1982:

REMEMBER to get your tickets:

PAS SCHIZOPHRENIA DAY LUNCHEON June 18, 1982 11:30 A.M. BAY VIEW FEDERAL SAVINGS COMMUNITY RM 2121 So. El Camino Real San Mateo, CA Donation: \$5.00 Program and Door Prizes

MENTAL HEALTH ADVISORY BOARD MEETING 5/5/82

Of interest to PAS members: There are now 3 positions open on the Mental Health Advisory Board, two of them public interest seats. PAS members interested in applying for a public interest appointment should contact by letter the County Board of Supervisors. The job is important and interesting, requiring a considerable commitment of time and effort in studying the ever-changing issues. The rewards come in understanding the political and social complexities of the mental health system and in having input into its problemsolving process which so vitally affects the lives of our mentally ill citizens.

Directors report: The final budget hangs on the results of the June ballot measures. A 5 to 15% cut is anticipated with no cost of living raises. The Medi-Cal consolidation measures are of great concern. Up to now, state funds have been matched by federal funds. If the federal matching funds are

MHAB Mtg Continued:

cut off as may happen, Short/Doyle funds may have to be used to cover the deficit, thus curtailing present Short/Doyle programs. If Medi-Cal funds are turned over to the County for administration, Medi-Cal patients will have priority over medically indigent citizens.

The Director is fighting for no base program cuts. The MHAB voted to prepare a resolution supporting no base program cuts for Terry to take with her to Sacramento. Deadline for Cordilleras bids has been extended until May 7. The selection committee including representatives from PAS and the Mental Health Assn will be chosen from people who were not on the fact finding committee. This to prevent conflict of interest problems.

On May 28, Channel 9, at 7:30 pm, a film designed to help de-stigmatize the mentally ill will be shown as a part of Mental Health Month.

Lynn Stanton who has worked on the Mental Health plan for a number of years, is leaving the department to return to psychiatric nursing at St. Marys. All of us who have known and worked with Lynn will miss her and wish her the very best.

Jay Gellert, Director of Public Health, presented a proposal now under consideration, to combine the Conservator's Office, the Adult Protective Services and the Case Management department into one service under the aegis of the Mental Health Dept. It is hoped that this plan will better serve clients with a coordinated strategy for a continuum of care, in a more cost effective manner by eliminating existing duplication and fragmentation of services that now exist with many opportunities for clients to "fall through the cracks".

Sue Miller - MHAB Observer

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CORDILLERAS CENTER

Tony Hoffman attended the Cordilleras Liaison Committee meeting on 5/13/82, and made the following unofficial report:

It was reported that the census at Cordilleras is now 107, 11 of whom are from San Francisco. Since last meeting, one month ago, 10 people have come from Napa State Hospital. The census at Napa is now about 66. There are no penal code patients at Cordilleras. It is expected that Cordilleras will be at full capacity very soon.

It was explained that the treatment program at Cordilleras is very intense, at least 27 hours per week, 40 hours for second floor patients. A patient representative said he attends 4 groups during the day and 3 in the evening. He said he had been at the Center before and likedit better as it was then. He explained he felt it is now too intense and too restrictive, with doors locked to many parts of the building and the yard.

Cordilleras continued:

A question was asked why some patients do better at Napa. The writer explained that many patients cannot tolerate the pressure, in fact it has been found that many patients improved when the hospital gave up on them and placed them on the back ward.

It was announced that a contract extension of 3 months has been agreed to with the present operator and the new contract will be for 2 years and 9 months. The selection committee has been chosen and will be meeting during the next 3 weeks to recommend the operator. (Sue Miller, representing PAS is on this committee.)

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From the April 15, 1982 Cordilleras Liaison Committee report: "Mike Daw reported that on 3/19 there were 362 LPS cases, of which 147 were out of County in 40 different facilities. . . . The out of County patients are sent to Santa Clara, Merced, San Luis Obispo, Alameda, Contra Costa, Solano, Lake, San Joaquin and Sacramento counties."

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Considering the above statistics, the following quotes from an article in the current Schizophrenia Bulletin, ASSESSMENT OF OUTCOMES IN COMMUNITY SUPPORT SYSTEMS: RESULTS, PROBLEMS AND LIMITATION, by Dr. Leona Bachrach, seem apropos:

Even though the "basic mission" of deinstitutionanlization was originally to provide community-based treatment for the most seriously ill, "only limited aspects of the original conception have been implemented," and "the interest of most workers has gone off in other directions (Zusman and Lamb 1977, p 889). Community mental health today focuses largely on the treatment needs of the "healthy but unhappy," and the needs of the most seriously ill tend to be given low priority. Thus, Miller (1977,p.Bl) writes of an "inverse system of care," in which "the most trained and skilled clinicians deal with the most articulate, interesting and likely to succeed clientele," while the existence of those patients most in need is largely ignored.

The net result of these inequities is discussed by Halpern et al. (1978) who describe the "irrelevance" of community care for the most disabled and draw the parallel that "expecting the chronically mentally ill patient to use the current mental health system is like expecting a paraplegic to use stairs. . . The chronic long-term mentally ill person can't use the current mental health system because it's oriented toward people who have motivation, who have the capacity to develop insights, to change behaviors, to accommodate through socially acceptable behaviors" - characteristics not generally descriptive of persons with chronic mental impairments.

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The Mental Health Management contract with Sacramento County to operate Live Oak Center for acute psychiatric care, was recently terminated as a result of profound community concern about a number of problems.