

PAS Newsletter

Parents of Adult Schizophrenics
of San Mateo County
SEPTEMBER 1981

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

Hrs 1-4 pm MON-WED-FRI

Meeting Schedule

SEPTEMBER MEETING

Date: September 16, 1981
Time: 7:30 pm get acquainted
8:00 pm speaker
Place: Bay View Savings Community Room
2121 So. El Camino, San Mateo

Speaker: Perrin French, M.D.

Topic: "Some Thoughts on a Family Oriented Treatment of Schizophrenia"

Dr. Perrin French was educated at Harvard and Johns Hopkins Univ. School of Medicine. He has been practicing since 1971, has taught at Harvard and Stanford, where he presently supervises individual psychiatric residents.

Of particular interest to our group, Dr. French is Founder and Director, Family Oriented Crisis Understanding and Support (F.O.C.U.S.) Program*, Palo Alto Veterans Adm. Medical Center, Jan. 1978-1980. (*Sixty bed general psychiatric inpatient unit with an emphasis on family involvement). Program psychiatrist 1980-.

CORDILLERAS CENTER

Tom Mesa, Administrator, and several members of the staff were the speakers at our July meeting. They spoke of changes being made in the program. Patients would have more rules to follow, some of their freedom would be curtailed. They spoke of the difficulty in supervising this type of facility. Cordilleras is on three floors while most facilities of this type are on one floor with a central nursing station.

It was reported at the Mental Health Advisory Board meeting on 9-2-81, that the contract with Mental Health Management, operators of Cordilleras Center, is being re-negotiated with an end point of July 1, 1982. RFPs (Request For Proposal) for contract will be made beyond that date. The original contract would have expired July 1983. Judge Lanam of San Mateo County, who has responsibility for conservatees, has placed restraining orders on new conservatees going to Cordilleras. The new negotiations must meet Lanam's approval or conservatees already there will be removed. Sept. 14 is the deadline for re-negotiations to close.

It was felt that at present capacity and staffing, that the program was safe for those now at the facility. Improvement in program is needed.

As of August 14, the census was 91. The facility has a capacity of 120.

CAFMD FALL CONFERENCE

The California Association, Families of Mentally Disabled Fall Conference will be held at the Golden Gateway Holiday Inn, 1500 Van Ness, San Francisco, and will be hosted by the San Francisco Alliance for the Mentally Ill, Fri. afternoon Oct. 23, all day Oct. 24.

A change in direction will be proposed by the Political Action Committee. We urge PAS members to attend. The Federal government plans to leave decision making to states so it is very important that our State organization become active in Sacramento.

A highlight of the Conference will be the keynote speaker, Dr. Jack Barchas, Stanford researcher.

BLOCK GRANTS

The topic of Federal Block Grants has received a great deal of publicity. The basic change is that federal funds (with a 25% reduction) will go directly to the states rather than to individual programs. However, the amount received by each state is relatively minor compared to total mental health budget. California will receive about 14 million \$ 1981-82, which is less than San Mateo county spends for mental health. The State Dept. of Mental Health will be permitted to take 10% of the funds for administration.

The existing mental health center grants will receive top priority for 3 years. After that time the state may make changes. Centers which do not provide required services may be closed. Inpatient services are no longer required. Outpatient care for chronically mentally ill is emphasized.

MENTAL ILLNESS RESEARCH AWARDS

The enclosed brochure, "Bridging the Gap in Research with MIRA," explains a plan originated by Warren K. Smith, Vice Pres., PAS San Diego, Chairman of their Research Committee.

Mr. Smith has distributed these brochures locally, at the CAFMD Conference in San Diego, and at the NAMI Conference in Seattle. To quote him from the San Diego Newsletter, "Thus we will have demonstrated that families of the mentally ill are doing all possible for ourselves. Then other people, organizations, even the government, will know our sincerity and will be ready to join in our efforts to help eliminate the unknown about mental illness."

On cancer research the U.S. spends about \$200 a year per patient, on heart disease about \$100; however, on schizophrenia and depression about \$6, is spent for research.

NAMI CONFERENCE

The National Alliance for the Mentally Ill annual conference was held in Seattle, Wa., August 14-16, hosted by the Washington Advocates for the Mentally Ill. The conference was very well organized and offered a variety of workshops and speakers. Those in attendance represented families from 25 states. Some of the highlights follow:

Research: Researchers seemed to agree that evidence is overwhelming that schizophrenia and manic-depressive illnesses are a series of brain diseases. These are real biological disease and should be researched and treated as such. Schizophrenia is very prevalent and is grossly under-researched. One of the researchers, E. Fuller Torrey, M.D., felt that research quality is better at National Institute of Health, than it is at National Institute of Mental Health. He cautioned NAMI against falling into the trap of the National Ass'n of Mental Health which, according to Torrey, "has been ineffective in helping mentally ill. It is most concerned with maintaining psychotherapy for middle class people with problems in living and not concerned with mental illness".

Families: Agnes Hatfield, who is a professor at the Univ. of Maryland, and a member of NAMI board, has sponsored several research projects on problems of families with mentally ill members. She found that only 25% of the mentally ill in the community are in mental health programs at any one time. The rest are the responsibility of the families. Dr. Hatfield feels that training of professionals needs to be changed. Textbooks refer to families in derogatory ways such as, "stuck togetherness, undifferentiated ego mass, emotional divorce, marital schizophrenics, needing a scapegoat to save rest of family, and schizophrenogenic mother". Hatfield says, "Don't treat the family-help them."

Legislation: Repr. Paul Pruitt, Senator Phil Talmadge, and Senator Henry Jackson from Washington state spoke to the group urging political involvement. Senator Jackson stated that the President enjoyed great popularity but his budget cuts hurt people and programs. He was appalled that the majority of the Senate voted against 6 million dollars to immunize children. Columnist Mary McGrory called this, "A vote for polio."

Lee Dixon, Legislative Liaison for NIMH, who helped draft the Mental Health Systems Act (repealed by the present administration), made some suggestions:

1. Know your representative's record, history, background.
2. Know the impact of what you support, who, what, where.
3. Meet credibility, integrity, information and fact.
4. Congress operates on perception, how many letters, calls, etc.
5. Use your membership, give information and instructions on how to act.
6. Develop strategy early.

7. Timing your letter or wire for the day of the vote is too late.
8. These are fast moving times - work together.

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Workshop: Susan Sheehan, author of the 4 part article, A REPORTER AT LARGE (CREEDMOR), which appeared in the New Yorker Magazine in May and June, gave background on her research. This is a true account of the life of a mentally ill young woman. Sheehan spent two years doing the research for this story. She spent six weeks at Creedmor State Hospital, and a great deal of time with Sylvia Frumkin, (a fictitious name), the patient.

The story is a very moving account of the patient's breakdown and subsequent repeated hospitalizations and problems in the community, and with her family. It will be published in book form in the spring and is highly recommended reading.

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FROM THE HOSPITAL TO THE PRISON: A STEP FORWARD IN DEINSTITUTIONALIZATION?

An article in Hospital and Community Psychiatry, Sept. 1979, by Steve Stelovich, M.D., reports that during the past five years of active deinstitutionalization of mental patients in Massachusetts, the number of patients transferred directly to a prison facility has nearly trebled. Further, there is evidence of an increase in the indirect use of prison settings to manage the mentally ill. Paradoxically, then, though Massachusetts has commitment to ensure the least restrictive environment for the delivery of mental health care, increasing numbers of seriously emotionally disturbed individuals are finding their way into prisons rather than having their problems addressed in psychiatric settings.

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SERVICE UNION REPORTER, August, 1981
How It's Going! By Timothy J. Twomey

Anyone who has ever worked in a convalescent hospital has heard the boss whine about the low profits of the industry. The State of California has found, however, that the nursing home industry reaps enormous profits while providing a low standard of patient care.

The report of the State Health Facilities Commission found that the state's convalescent hospitals and nursing homes show a 34 percent profit - higher than most other industries while providing insufficient funds for laundry, food, and, of course, wages.

The vast majority of nursing homes made huge profits - some as high as 828 percent; and 618 companies in the industry out of 973 surveyed made profits higher than allowed on state provided Medi-Cal money.

Five percent of the firms made 297 percent or higher profits, and 14 percent showed profits of 165 percent or higher.

On the quality side of the picture the industry fared worse. Ten quality of patient care guidelines were established by the commission and only 34 of the 937 facilities rated favorably on all ten of the

guidelines. Many of the facilities failed in four or more of the categories.

These facts contrast sharply with the wages and working conditions of the people who create the industry's wealth - convalescent hospital workers.