

*Pilot program receives praise in Fresno;
media component center of controversy*

GOVERNOR'S OFFICE DELAYS WELLNESS CAMPAIGN

INTERVIEW:

DIANA WONG

I-CAN Para-professional



Diana Wong's story is one of success.

As she puts it, "I've struggled so much, and now at this point my life is coming together, and I can reflect on this, because I feel I am well. I feel I am recovered. I think that really I am a strong person for going through what I

"I think it takes both, the program and the client, to work together. I felt it was my last chance to make it. I was tired of being misunderstood."

have gone through, through the hospitalization and things I did not understand."

What she has gone through is years of periodic hospitalization, followed by a time as resident in a Therapeutic Residential Center and board and care homes, and finally, enrollment in Inter-Community Alternatives Network (I-CAN). Today,

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By mid December word is expected from the Governor's office about the fate of the statewide wellness campaign planned to be launched in May 1982, using the theme, "Friends Can Be Good Medicine."

The program was temporarily halted as a result of a decision from the office of the governor and Secretary of Health and Welfare for California Mario Obledo.

The mass media component of the campaign has been the center of controversy. The media materials, not yet finished, were a small part of the total program and were being developed for special population groups, for example, the elderly, Hispanic, black, Native Americans, Asians and homosexuals.

Produced as short television spots, the message was "Friends Can Be Good Medicine" based on research findings of medical investigators that friends in supportive relationships are as important to physical well being as they are to emotional health.

The campaign is being developed by the Mental Health Promotion branch of the state of California Department of Mental Health.

The program was planned to use volunteer community based groups to reach people with print and media materials. The television spots were ex-

pected to use free public service time.

The materials include film and video tape to be used with a discussion format, television and radio public service messages, posters, books and other multilanguage materials aimed at reaching specific ethnic populations.

Celebrities Ed Asner, Mike Farrell, Jack Albertson, Abigail Van Buren and others have donated their talents.

The materials were previewed by volunteers and staff of the Mental Health Association in Los Angeles County and other county MHA's at their annual state meeting in San Diego on Sept. 23.

The program received unanimous endorsement along with pledges of MHA help in carrying it across the state.

The program was tested in the Fresno area, including the counties of Merced

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INSIDE:

**NUCLEAR
MADNESS
PG. 3**

**CRISIS
HOTLINES
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**JAIL
PROGRAMS
PG. 6-7**

MEETING
First general membership meeting of the Mental Health Coalition will be held Tuesday evening, December 1, 1981, 7:00-9:00 p.m., conference rooms, Department of Mental Health, 2415 W. Sixth St., Los Angeles.

MHA COLLECTS GIFTS FOR GIVING

For the 14th year, the Mental Health Association in Los Angeles County (MHA) will be distributing holiday gifts to clients through its "Gifts for Giving" program.

"Gifts for Giving" gives clients at Metropolitan State Hospital, OMHSS treatment facilities in the Long Beach area, and board and care homes throughout Los Angeles County the opportunity to participate in the seasonal traditions of giving or receiving gifts.

MHA collects gifts donated by persons and businesses. A portion of these are made available at volunteer-staffed gift shops set up at Metropolitan State Hospital and OMHSS centers in the Long Beach area for clients to select to give to family members or friends. Additionally, the donated gifts are presented to residents of board and care homes. In the San Fernando Valley, gifts are presented at socialization clubs as well.

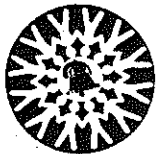
The Allstars, a chapter of Project Return, a MHA federation of self-help clubs, is handling the "Gifts for Giving" program in the Central Region, in cooperation with United Church Women. In the San Fernando Valley, volunteers Maggie Best, Jack Edelman, Elaine Hochberg and Marcia Silver are working on the project. Long Beach project volunteer chairperson Sallie Burkett and volunteers Shirley Elliot, Corinne Bartlett, Rene Peterson and Ramona Reid are running the project in the Long Beach and Coastal areas.

Gifts, which are tax-deductible, must be unused, but need not be newly purchased, and should be unwrapped.

Volunteers are needed to assist in the staffing of the gift shops and in the selection and wrapping of gifts for board and care residents.

Persons interested in donating gifts or volunteering may contact the MHA at 629-1527.

Join Us.



Join your local Mental Health Association.

930 Georgia Street
Los Angeles, CA 90015

FRIENDS

continued from page 1

Mariposa, Kings, Tulare and Madera.

Linda Mack, community coordinator for the six county testing area, said the report would be available about December 10. The evaluation was done by a separate firm, Kappa Systems, and the program was implemented by Far West Labs, a private contractor.

"The reactions were most positive in terms of the overall program. There was tremendous response with teachers and nurses," Mack said "and a good response among doctors, especially those treating cancer and family practice doctors."

"The local radio stations



Hospital Visitation Team members are met by staff at Camarillo State Hospital, November 12, at the quarterly visit of Mental Health Association in Los Angeles County volunteers.

TEAM REPORTS ON CAMARILLO VISIT

by Patty Padilla

As part of the Mental Health Association in Los Angeles County's (MHA) advocacy role in the community, quarterly visits are made to state hospitals to observe the quality of care received by the patients.

Following its recent tour of Camarillo State Hospital, the volunteer MHA Hospital Visitation team turned in a favorable report to the hospital's medical director. A written report is sent to the State Department of Mental Health.

Accompanying San Fernando Valley Regional Director Bev Dunlap were volunteers Colleen Southern, chairperson; Marian Larke; Jill Salberg; and Marcia Silver.

Camarillo State Hospital contains a children's program, an adolescent program, program for the adult mentally ill and a program for the developmentally disabled. It is one of the three state hospitals for mentally ill children. Up to 90 percent of the hospital's patients come from L.A. County, although the hospital receives patients from all over the state.

Areas visited by the team on this visit were the gero-psychiatric, adolescent and children's programs.

Dr. Patrick Ryan, hospital medical director, met with the MHA team at the end of the tours, where team members shared their observations and concerns about the hospital.

Overall, the team was satisfied with their findings at the hospital.

are saying that was really good material," Mack said. "We had good early exposure on tv and radio talk shows using the people who had gone through our training workshop," she continued.

"Interestingly enough only one talk show asked us about (the controversy), no one else," she said. "In response to the B.T. Collins article" (in the Los Angeles Times) the people in Fresno "were concerned they might cancel the pilot project before the results were in and evaluation done," according to Mack.

In the gero-psychiatric units, the group especially was impressed with staff interactions with patients. Southern favorably commented on how the staff spent a good deal of time on the unit with the patients, rather than staying in the office.

The team expressed some concerns pertaining to the food served to the clients. On the adolescent ward visited, the food is brought to the unit, instead of patients eating in the dining hall, and the team members were concerned about the food being cold by the time it reached the unit. Members also voiced an interest in the number of calories consumed daily by the patients and in having the adolescents receive fruit more frequently for snacks. Discussed was the possibility of meeting with the hospital nutritionist on the next visit.

Also mentioned was a need for volunteers in the adolescent unit. The team commented on the staff's work week, which is the standard 40 hours, but is at times six days in a row.

"We feel that the hospital always has opened its doors and has welcomed our feedback, positive or negative," Dunlap said of the visit. "We really appreciate the fact that Camarillo is receptive to us."

The team will be making its next visit to Camarillo State Hospital sometime early next year. Volunteers interested in joining the team may contact Dunlap at 780-1931.

The concerns about the materials were in minor areas, she said. For example, the film, "Relations," to be used with discussion following, is 29 minutes in length and needs to be shorter to fit the format of a class or television.

The steering committee had representatives from the six counties involved. Each county adapted the use of the materials to suit their area.

The mayor of Fresno was honorary chairperson and proclaimed "Friends Can Be Good Medicine" month for Oct. 15 thru Nov. 15, the month of the testing.

FILM TV BOOKS

by Julia Scalise

In "Psychiatry: A Personal View," the reader accompanies author Dr. Milton H. Miller on a trek through reflections, observations, convictions and experiences collected over a thirty year love affair with the field of psychiatry. It is a fascinating trip.

Miller, regional director of the Los Angeles County Department of Mental Health Coastal Region, conveys a sense of excitement about his chosen profession in this book. Miller invites the reader to share his "sense of awe and appreciation for the achievement of psychiatry." In fact, he refers to this as the goal of his book.

"Psychiatry: A Personal View" cannot be classified as clinical in nature, and it is not a book on disorders, although a portion of the book deals with clinical aspects, and specific disorders are addressed. Even there, the language is not clinical and is without the use of "inhouse" terminology. A non-professional will be able to derive as much enjoyment from the book as the mental health professional.

If a label is to be attached, "Psychiatry: A Personal View" can be described as a "people-oriented" book, a reflection of what Miller described as his approach to psychiatry. Miller looks more at how the theory fits into the life, rather than how the life fits into the theory. He accomplishes this in a poetic-like writing style.

One of the most special aspects of the book is Miller's inclusion of what he terms "case studies," but which might more aptly be described as illustrated truths. He uses these brief, personal glimpses into a moment in others' lives to give the reader insight and perception.

Miller also has spiced his book with an array of quotes from a wide-ranging selection of persons, including psychiatrist Karl Menninger, existentialist Jean-Paul Sartre, contemporary songwriter Bob Dylan and politician Adlai Stevenson. A collection of this diversity reflects a broad understanding and appreciation of the works of others and is an enhancement.

"Psychiatry: A Personal View" is scheduled for publication later this month and is published by Charles Scribner's Sons, New York.

Miller currently is working on another book, this one a novel, tentatively titled, "Chinese Facts of Life."

ESSAY

COPING WITH NUCLEAR MADNESS

By Gregory Lecklitner

A screaming comes across the sky. It has happened before, but there is nothing to compare it to now.

Thomas Pynchon from Gravity's Rainbow

The dawn of the nuclear age came at 8:15 a.m. on Aug. 6, 1945. At that time an atomic bomb was exploded over the city of Hiroshima. Thirteen square kilometers of the city were immediately leveled. As a direct result of the explosion, 130,000 of the city's 340,000 inhabitants were dead by November. By 1950, an additional 70,000 were dead. The *hibakusha*, those survivors affected by the explosion, have experienced inflated rates of cancer and a variety of psychological problems related to seeing their world transformed within a fraction of a second. These were the first citizens of the nuclear age.

We are all *hibakusha*. Although we were not residents of Hiroshima on that day 36 years ago, our lives have been and will, in all likelihood, continue to be profoundly affected by the significance of that event. In many ways, however, the rapid advancement and proliferation of nuclear weapons has reduced that holocaust to a mere milestone. With the advent of the hydrogen bomb in 1952, we have shifted from kilotons to megatons as the measure of destruction. Today the combined explosive power available to the Soviet Union and the United States is equal to one million Hiroshima atomic bombs. Can we regard this as anything but madness?

The destructive capacity of these arsenals is virtually unimaginable. They have relegated previous conceptions of war to the history books. There will be no winner in a nuclear war. A nuclear exchange between the two superpowers would leave an estimated 133 million Americans dead and destroy the possibility of any meaningful medical response for the surviving sick and wounded. Beyond the immediate fatalities, the destruction of our social fabric and untold damage to delicate ecological systems would threaten the very continuation of life as we have known it.

We do not, however, have to wait for a nuclear apocalypse to experience the harmful consequences of nuclear weapons. Money spent on the expansion of nuclear arsenals diverts vast and urgently needed resources from the meeting of basic human needs in this country and around the world. Millions of people will continue to die from malnutrition and impure water in developing nations within the next five years as the United States alone spends \$1.5 trillion on defense. In our own country, human service programs providing medical, mental health, nutritional and social services to low-income persons are to be converted to missiles, submarines and bombs.

Beyond the recognized social costs associated with the stockpiling of nuclear weapons are the psychological effects of living under the constant specter of nuclear destruction. Our very existence and the prospect of future generations are now capable of being jeopardized by a political miscalculation, an act of terrorism or even a minor computer failure. How do we cope with nuclear madness? Our natural psychological response to this danger is fear. The jingoistic attitude and bellicose rhetoric of the current administration has only served to fan the coals of our collective and individual fear, converting it to nothing less than terror. In response, we are left with two options, fight or flight.

We can address the source of our terror (nuclear armament) or we can retreat from it. The latter choice I regard, in the present circumstance, as maladaptive and life-threatening. To select the former alternative is, I believe, in this situation, to respond adaptively and to choose life.

If we view our situation as without hope or regard ourselves as helpless, we will retreat from the source of our anxiety. For example, those persons who have come to be called "survivalists" have accepted as fact the inevitability of a nuclear doomsday. Many of them have already moved to isolated regions which they regard as relatively insulated from nuclear attack. Others have readied their families and supplies for such a move should the threat of nuclear war become imminent. Theirs is an example of a flight response to fear predicated on hopelessness.

Far more common, however, than the former flight, represented by the survivalists, is a psychological flight. Reacting to their self-perceived helplessness, many persons use the mechanism of denial to distance themselves from the threat of nuclear destruction. Their response is one of, "There's nothing I can do about the problem, so what good does it do to worry about it?"

These feelings of hopelessness and helplessness are, unfortunately, self-fulfilling. If we regard the present nuclear predicament as hopeless, then it is without hope. If we consider ourselves helpless to alter our catastrophic course, then we become so.

Our survival as a species and as a planet demands that we choose the course of "fight" rather than "flight." We must act out of a conviction that there is hope and that we can do something. Norman Cousins has advised, "All things are possible once enough human beings realize that the whole of the human future is at stake . . . The starting point for a better world is the belief that it is possible." To this sentiment we should add the words of William James who said, "I will act as if what I do makes a difference." These two ingredients — hope and action — direct us to the option of standing up to the danger of nuclear weapons and nuclear war rather than retreating from it. Mankind (and I believe the reference to the male of the species is appropriate in this instance) has created this menace. That which we create, we can also undo.

In addressing a problem of this magnitude, ultimately requiring international cooperation, one cannot pretend to offer simplistic solutions. There are none. There are, however, several courses of action to be recommended.

Education. Someone once said that civilization is a race between education and catastrophe. In order to confront any problem successfully, we must first understand it. As we begin to learn about the problem, we can no longer deny its existence. The education process has already begun for many. Notable in this regard is the public education effort of Physicians for Social Responsibility. Since 1961 this organization of doctors and concerned citizens has attempted to inform others of the medical consequences of nuclear weapons and nuclear war. Concerned mental health professionals should consider establishing a parallel organization to examine the mental health implications of nuclear weapons.

Action. Once educated about that which we fear, we must take action.

That action may take any of a variety of forms, many of which are political. In Europe, people have begun public demonstrations decrying the presence of nuclear weapons. Whether one chooses to express one's views on the subject to elected representatives or engage in civil disobedience is a manner of individual conscience. Here, I would echo the words of Thoreau who said, "A man has not everything to do, but something."

Consciousness. Ultimately the problems of nuclear war are problems of consciousness, of the way we perceive ourselves, our nations and our world. It was Einstein who said, "The advent of nuclear energy has changed everything about the world except our way of looking at it." The threat of nuclear war will persist as long as we cling to a tribal mentality of us vs. them and win vs. lose. These concepts can no longer have meaning on a planet that depends for its survival on the peaceful co-existence of its citizens.

Gregory Lecklitner is a senior research associate, Human Interaction Research Institute, and a member of the Connections editorial board.

The opinions expressed in ESSAY are those of the author.

COMMUNITY CARES

by Julia Scalise

Community concern and involvement in a San Gabriel Valley town has led to the establishment and maintenance of a unique activity program.

The San Marino Community Church Outreach Program is the only activity program within California for recovering mentally ill clients founded by a church and operated completely by the community.

Unlike other activity programs, the Outreach Program does not provide therapy to the clients and does not have professional therapists on its staff. Instead, the purpose of the program is to provide community contact, accomplished through the use of volunteers.

"It's a place for residents to come and be a part of and interact with the community," said Lucie James, San Gabriel Valley regional director of the Mental Health Association in Los Angeles County, which became involved in the project five years ago. James serves as consultant, trains volunteers and acts as liaison to the board and care homes.

"We're not here to treat them; we're here to accept them as normal people functioning in the community. That's the whole focus — to accept them as functioning people," said San Marino resident Lyn Caulfield, now in her third year as program coordinator.

Located at the San Marino Community Presbyterian Church, the program serves clients from three San Gabriel Valley board and care homes. Approximately 25 persons participate in the activities program, held two days a week.

The goals of the center are "simple, community oriented goals," according to James. "The kinds of activities we do are the things you would do every week. Our goal is to create an atmosphere where they can start to develop or redevelop."

A program of daily activities is usually planned, but participation is not mandatory.

"One of the advantages of having a number of volunteers is that

if someone does not want to participate in the day's activities, there is a volunteer to play cards or take a walk. They have a lot of freedom," said James.

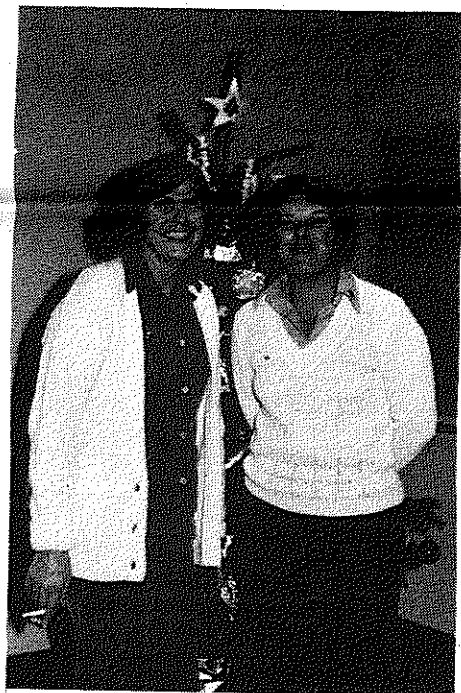
This type of activity program is beneficial to the clients, believes James, because "they are accepted by the community, they are a part of the community, their self-esteem is heightened, and they have an opportunity to interact on a normal basis. The life the residents lead in a board and care home is frequently as isolated from the community as their life was in the hospital."

One of the frustrations of the program, according to James, "is that we have few programs we can refer clients to when we get to the point where we feel the client should be in a more advanced program, such as a vocational program. I-CAN is limited by numbers. It's a good program, and I wish they could take more."

The activity center staff also serves as advocates for the clients, spending time on licensing and discussing rights with the clients.

Caulfield, a volunteer herself before becoming program coordinator, believes the program also is beneficial for the volunteers.

"I think they get a much greater insight into mental illness. It removes the stigma for them," she said. "It gives you a different kind of patience. Because we have to measure success in minute terms, you become more realistic in



Lyn Caulfield and Lucie James (l to r)

expectations of those around you."

According to Caulfield, genuine friendships are formed between volunteers and clients, and the volunteers take an individualized interest in the clients.

"You almost have to focus on the individuals, because they are so diverse, and they are all at different levels of capability," she said.

The program recently entered its seventh year. In 1974, the San Marino Community Church, looking for a community service project, did extensive research into the unmet needs of the community and discovered a lack of programs for board and care residents. Funding for the program primarily is from the church.

The staff plans to expand the program in January and hopes to recruit additional volunteers in order to achieve this.

"The hardest thing is to get people in the door long enough to find out these people are not threatening," said Caulfield. "Once we get them, they (the volunteers) are hooked."

MENTAL HEALTH SERVICES - CRISIS HOTLINES



THE MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY
930 GEORGIA STREET, LOS ANGELES, CA 90015

FOR USE AS A POSTER

**MENTAL HEALTH ASSOCIATION
IN LOS ANGELES COUNTY
930 GEORGIA STREET
LOS ANGELES CA 90015**

Connections is aware that there are other agencies offering mental health telephone hotline services. This poster attempts to give a representative listing of services in each region.

Connections thanks Herman Williams of the Los Angeles County Department of Mental Health Information and Referral.

**SUICIDE PREVENTION CENTER
(213) 381-5111**

**Info Line
7 Days a Week
24 Hours a Day**

From:
Los Angeles
(213) 686-0950
San Gabriel Valley
(213) 350-6833
San Fernando Valley
(213) 501-4447
Burbank/Glendale
(213) 956-1100
West Los Angeles
(213) 551-2929
South Bay/Long Beach
(213) 603-8962
Airport Area
(213) 671-7464
Other L.A. County areas:
(800) 242-4612

COUNTYWIDE

**L.A. County Department of
Mental Health
For Information and Referral
(213) 738-4961**

**Adult/Family/Child
Counseling Center
(213) 371-4474**

**Help Line Contact Clinic
(213) 482-8000**

**Catholic Social Services-L.A.
(213) 385-7211**

**Children's Hospital Hotline
(213) 666-1015**

**Easter Seal Society
(213) 483-5692**

**Jewish Family Services-L.A.
(213) 852-1234**

**L.A. County Health Services
USCMC Psych-Emergency
(213) 226-5584**

**L.A. County Mental Health
Crisis Evaluation
(213) 868-1721**

**St. Johns Hospital
Mental Health Services
for the Deaf
(213) 829-8536**

SAN GABRIEL VALLEY REGION

**Affiliated Counseling Service
(213) 339-3914**

**Alhambra Psychiatric Hospital
(213) 286-1149**

**Arcadia Christian Counseling
Center
(213) 446-4555**

**Arcadia Presbyterian Church
Counseling Center
(213) 445-7470**

**Catholic Social Services-
El Monte
(213) 442-6860**

**Foothill Community MHC
(213) 963-4103**

**Foothill Family Service
(213) 795-6907**

**Help Our Youth Clinic
(213) 446-2572**

**Hotline San Gabriel Valley
(213) 331-7318**

**Ingleside MHC
(213) 288-1160**

**L.A. County Mental
Health-San Gabriel
(213) 445-4350**

**Pasadena Community
Counseling Clinic
(213) 795-5144**

SAN FERNANDO VALLEY REGION

**Baptist City Mission
Counseling
(213) 981-8080**

**Burbank Child Guidance Clinic
(213) 845-3723**

**Glendale Advent Medical
Center-Psych
(213) 240-8000**

**Glendale Guidance Clinic
(213) 244-7257**

**Hope Community MHC
(213) 896-1161**

**Hope Community
MHC-Sunland
(213) 352-4470**

**L.A. County Health Services
Olive View M/V Hospital
(213) 997-1800**

**Northridge Hospital
Psych Unit-I/P
(213) 855-8500**

**San Fernando Valley Child
Guidance Clinic
(213) 993-9311**

SOUTHEAST REGION

**Central City CMHC
(213) 232-4111**

**Downey Area
Counseling Center
(213) 868-9919**

**Helpline Youth Counseling
(213) 864-3722**

**L.A. Child Guidance Clinic
(213) 749-4111**

**Augustus F. Hawkins MHC
(213) 603-4275**

**St. Francis Hospital-Lynwood
Mental Health Unit
(213) 603-6000**

**Watts Health Foundation
(213) 564-4331**

COASTAL REGION

**Airport Marina Counseling
Services
(213) 670-1410**

**Brotman Memorial Hospital
(213) 836-7000**

**Cedar House
(213) 436-8276**

**Long Beach
Neuropsychiatric
Institute
(213) 634-9102**

**Memorial Hospital-Long Beach
Psych Center
(213) 595-2451**

**Reiss Davis Child Study Center
(213) 204-1666**

**Santa Monica-West L.A.
Hotline
(213) 394-3577**

**St. Johns Hospital
(213) 829-5511**

**State UCLA NPI
Adult Psych Division
(213) 825-0111**

**Didi Hirsch Emergency Service
(213) 390-8896**

**L.A. County Health Services
Harbor/UCLA Psych-O-P
(213) 533-3143**

CENTRAL REGION

**Antioch Counseling Center
(213) 553-6842**

**Edgemont Hospital
(213) 666-5252**

**El Centro CMHC
(213) 725-1337**

**Footlighters Child Guidance
Clinic
(213) 747-5542**

**Free Clinic-Los Angeles
(213) 653-1990**

**Gateways Hospital
Inpatient Services
(213) 666-0171**

**Southern California
Counseling Center
(213) 937-1344**

**Thalians CMHC
Adult Outpatient
(213) 855-3504**

**United American Indian
Involvement
(213) 625-2565**

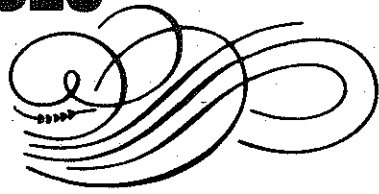
**Volunteers of American Family
Counseling Services
(213) 665-5951**

**YMCA-Hollywood
(213) 467-4161**

**SERVICIOS PARA
SALUD MENTAL —**

**NUMEROS TELEFONICOS
PARA TIEMPO DE CRISIS**

LOS ANGELES COUNTY PROGRAM SERVICES BUREAU



"I walk a tightrope of checks and balances, and believe me, it's more balance than check," said Dr. Roger Schock of his work as deputy director of the Program Services Bureau, Los Angeles County Department of Mental Health.

The part of the tightrope that especially requires this attention deals with the justice system. He is asked to testify in court and before legislative

The bureau also works with the Public Guardian/Public Administration offices for another major part of their work.

Schock said of his work, "I have some business blood in me, and I am agitated at bureaucracy." He has Teresita Pijuan, MHA III, as assistant director and as systems man-



Dr. Roger Schock

committees in Sacramento when new laws are proposed. The issues must be carefully delineated, he said. "The need is for defense attorneys, prosecuting attorneys and civil rights to feel we have credibility. They really have to know where you are coming from. No games on one side or the other," Schock explained.

Schock's bureau deals with a wide area of mental health services through five major divisions: Forensic Crisis Division, outpatient services in the county jail system, with Dr. Ron Klein, director; Forensic Inpatient Division, 35-bed facility at Central Men's Jail, with Dr. Peter Chen, director; Case Management Division, aftercare and diversion, with Mary Hildebrand, MSW, director; Judicially Committed Persons Division, with Donald Lee, MSW, director; Adult Services Division, OMHSS, with Dr. Reginald DeCayette, director and Community Treatment Program, with Dr. Dieter Poiser, director.

The bureau has a number of clinical programs and contract agencies directly involved, such as Gateways, Center for Legal Psychiatry, Hope, Clearview and others.

ager Domino Cheung, RA III, to smooth the bureau's administration.

The bureau was set up in 1972 after a grand jury report about conditions in the county jails. Schock was asked to be the deputy director.

The forensic work involves outpatient crisis services in the jail, the 35-bed inpatient facility and clinical programs in the community for diversion, after care and social rehabilitation.

Schock told of some of the difficulties and said, "The system does not always dovetail . . . money is the issue and public support.

"These are the people no one wants to have anything to do with," said Schock.

Schock feels the need for screening of all persons who come into the jail system. "Some people in law enforcement are as concerned as we are," Schock said.

The real difficulty in all of this bureau's work, Schock explains, is "the blanket is too short to cover the feet and the neck at the same time."

Connections will be featuring the other divisions of the Program Services Bureau in future issues.

CRISIS SERVICES ONLY AS JAIL BOOKS 450 A DAY

"Our staff as a whole does a pretty good job of separating the person from the offense," said psychologist Dr. Ronald Klein. "We are here to treat the person's mental problems to make life more bearable for the patient," he continued.

Klein is the director of the Forensic Mental Health Crisis Division for the Los Angeles County Department of Mental Health.

Responsible for the delivery of outpatient mental health services to Los Angeles County's 10,000 jail inmates, Klein said, "We do not really see every inmate, only those referred." Central Jail books 400 to 450 inmates each day.

"When I started here four years ago, we had a clinical staff of 14. The jail population has increased from 3,500 to 5,500, a 2,000 inmate increase in the jail (Central Men's) alone, but we treat them with the same number of staff . . . and we have a lot more paperwork."

Referrals come primarily from the Sheriff's custody department and, to a lesser degree, family, public defenders, probation judges and district attorneys, according to Klein.

"Upon referral, we do an evaluation screening and determine the severity or presence of disorder. One choice is if the person meets LPS (Lanterman-Petris-Short Act requirements) we do the paper work procedure. If not a security risk, they are sent to Metro (Metropolitan State Hospital) or Camarillo. Metro has a separate ward for penal custody," he continued.

"Our patients are voluntary," he said. "Our responsibility for patients rights is the same as any outpatient program . . . (That) includes confidentiality, privacy and use of medication."

It is hard to get people to work in the jail, according to Klein.

"We are trying to get a 5 percent higher pay salary to work in this setting. This environment is difficult," he continued. "Over a time, being in touch with this amount of crime, we become aware and carry it home."

Klein spoke of the general population's aversion to more than 20 minutes of bad news on television and noted the similarities and burnout his staff has to face every day.

"We have two clerical positions open that we are unable to fill," he said.

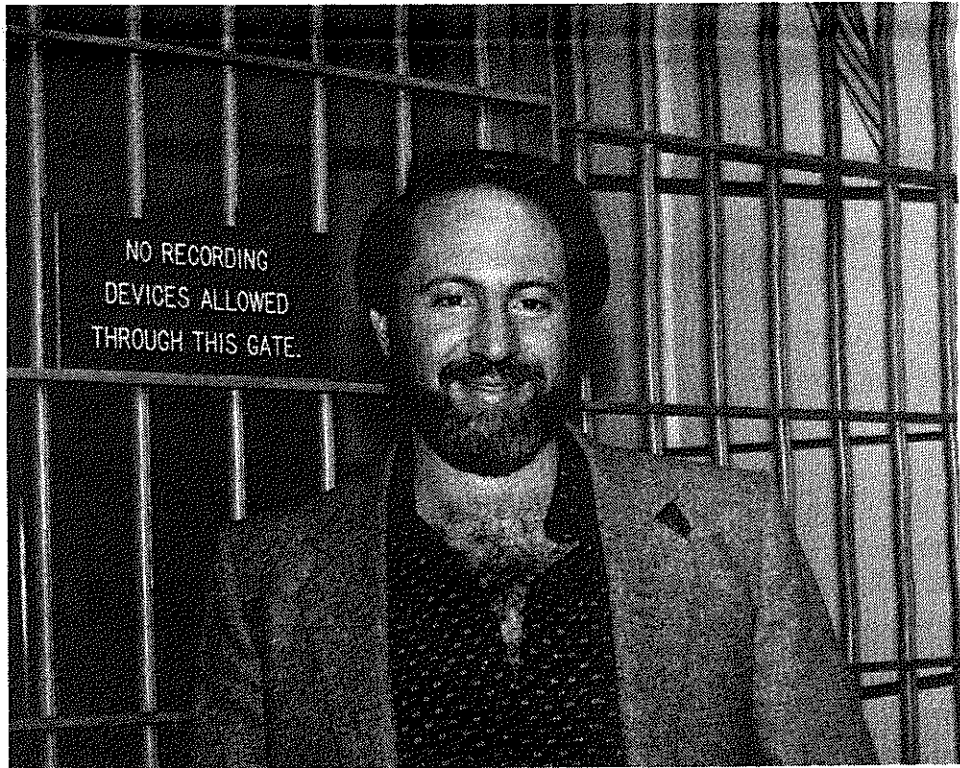
Recognizing the need, Klein said, staff tries to give each other support, rewards and celebrations, for example, birthdays, Christmas and Halloween.

The program is somewhat different than outpatient treatment outside the jail in that mental health is not in charge of when treatment is over. This is because a stay in jail, unlike prison, is for a short time.

"We don't get to see the person get better," he said. They identify, screen, stabilize and send patients to hospitals, refer people to psychiatrists and effect post release plans for inmates.

There are some referrals to contract agencies after release from jail. In this work, Klein teams with the Case Management Division director Marge Hildebrand, MSW; the staff at Hope; Gateways; and other contract agencies.

Klein and his staff also are responsible for mental health services at Sybil Brand, the women's jail. The same proportion of staff hours for



Dr. Ronald Klein

Sometimes the court identifies people and orders an evaluation.

"We do an average of 300 of these a month," he said.

Klein works closely with Dr. Peter Chen (see story, page seven) in sending patients to the hospital within the jail.

"Our unit has 2,000 (client) contacts a month," Klein said.

Sheriff's deputies sometimes refer. Klein asks them to particularly note the inmate who is withdrawn, not interested in visitors or telephone calls.

"Not all persons who are despondent are evident to the deputy because often he (the inmate) does not give trouble," said Klein.

outpatient services is spent there as at Central Men's jail, but there is no secretary, no administration, and insufficient interview and office space, so the units of service are lower.

In the department, "We are now dealing only with serious mental disorders. We need to do not only crisis work, but to help them cope . . . give (them) more insight. We have only a crisis staff now. We need more inside oriented psychotherapy," Klein said.

In the Central jail, there are "fewer acts of violence between inmate and inmate, and inmate and deputy. I think it is due in part to our input with mental health services," said Klein. "The deputies (sheriff's) are better able to handle this, more aware and have a higher level of education than five years ago, with more in-service training."



Dr. Peter Chen, Teresita Pijuan and Lt. Roger Chandler (l to r)

JAIL INPATIENT SERVICES UNIQUE

While most of us will never see the inside of a jail, 10,000 is the daily population count in the Los Angeles County jail system.

Among the 10,000 are men and women with serious mental health problems. Some are persons accused of crimes that have made the headlines; others are there awaiting trial.

Responsibility for mental health services within the jails lies with the Program Services Bureau of Los Angeles County Department

"There are no deputy sheriffs stationed within the hospital, and while the sheriffs are ultimately responsible . . . they keep a low profile."

of Mental Health, where Dr. Roger Schock has worked with the Sheriff's Department to establish a program unique in the United States.

The program is divided into three parts: the Forensic Mental Health Crisis Division, with Ron Klein, Ph.D., director for outpatient care (inside the jail); the Case Management Division, with Director Marge Hildebrand, MSW, for follow-up and diversion care; and the part that makes the program unique, the Forensic Mental Health Crisis Division, with Dr. Peter Chen, program director, inpatient care.

One can see the difference when entering the inpatient hospital corridor. Gray walls and cement give way to bright paint and tile floors. But the atmosphere of a hospital rather than a jail is not alone what is unique about this program. This is the only program in the country to have a 72-hour designated inpatient facility (hospital) in operation 24 hours a day, seven days a week within the jail, according to Chen.

The program meets the Title 9 and Lanterman/Petris/Short (LPS) requirements for involuntary detention. It has the required level of staffing, including psychiatrists, psychologists, mental health counselors, psychiatric social workers, occupational therapist, medical caseworker, registered nurses, licensed psychiatric technicians, a head nurse, mental health services coordinator and a

program director. The requirements also include attention to patients' rights (except those rights that are preempted as a result of their legal status as inmates in the jail system).

Chen said, "It is important that the program is under the mental health system administration rather than law enforcement. This allows me to follow the standards of mental health." Patients, for example, have the right to bring a writ, a legal request for release, the right to visits and phone calls, and staff does not open the patient's mail.

"There are no deputy sheriffs stationed within the hospital, and while the sheriffs are ultimately responsible for the safety of the people here and the staff, they



Members of the Forensic Mental Health Inpatient team gather around Dr. Peter Chen (seated center) in the day room of the facility, located in the Central Men's Jail, the largest jail in the United States.

keep a low profile and look in every half hour," Chen said.

In California, the law is careful to protect citizens from a system such as reported in Russia, where the government uses the mental hospitals to incarcerate dissidents.

Located in the Central Men's Jail, the 35-bed facility treats inmates who are referred by the court, outside doctors or the Sheriff's Department.

Lt. Roger Chandler, liaison officer for the Sheriff, works closely with Chen and the other staff members.

"The Sheriff's Department is much committed to this program," Chandler said. "This program puts the sheriff's department well ahead of every jail type

facility in the country.

"Traditionally, police and social workers have seemed to be coming from different approaches, yet, viola, here we are, and we get along great."

Officers working in the hospital sector of the jail get inservice training in various mental health areas, including suicide prevention.

"Sometimes a deputy becomes aware (of a problem) and by observation makes a referral," said Chandler.

"The experience (of working with the program) will improve the skills and attitudes of the officers when they go out on the street, because not that many police officers get to deal with people of that (mental health professional) background," he continued.

According to Chandler, this is the largest jail in the United States, and the jail is overcrowded.

"Alternatives are needed or more jail facilities (need to be built). The fact is overcrowding

"The department wrote a proposal for five beds there (Sybil Brand) . . . it is a number one priority if there is any new money."

causes tensions," said Chandler. There are about 5,400 men in the central jail, built to hold 5,000.

The inpatient facility has been a long time need, Chen and Chandler agreed, and it took negotiation to make it a reality. Chen credits Schock's leadership in the establishment of the program.

The facility at the central jail also serves men from the other L.A.

Mental Health) wrote a proposal for five beds there (at Sybil Brand). It is a number one priority if there is any new money."

The program at the central jail is two years old with Chen involved from the beginning. Putting together a staff has been difficult.

"It takes a certain type of person to work in this setting. Most people say no. I've been successful once they are willing to be interviewed here. Most will be able to see that the unit is set up physically so it is a hospital rather than jail," Chen said.

"Once they come in and interview with me and get to know the staff, the turnover isn't bad," he continued. It would help to have the salary designated "risk bonus" by the Board of Supervisors, he added.

GUARDIAN

ANGELS

BRING BLESSINGS

"Stay well!"

How often we hear this as a pat phrase, but it means a lot more when expressed by someone in the Public Guardian's corps of volunteers, Guardian Circle. These volunteers provide "mental nourishment" through personal contact where it is needed most.

Social contact, easily acquired by many, is out of reach to the majority of the more than 2,000 elderly and mentally or physically disabled people who are cared for through the office of the Los Angeles County Public Guardian, and some of this tremendous need is met by Guardian Circle volunteers.

These volunteers bring pleasure with music, decorate for special occasions and holidays, tell stories or read aloud, share skills and hobbies, take people shopping, listen to the lonely, plan special events and translate for the non-English speaking. Social contact and mental stimulation are thereby provided, which results in a greater degree of mental health or prevention of regression.

Guardian Circle volunteers include businessmen and women, students, athletes, retired people, musicians, housewives, actors, attorneys and the clergy.

They are currently involved in acquiring donations of holiday gifts which they will present personally to as many of these 2,000 people as possible. They need help in getting donations of holiday gifts, sorting and wrapping the gifts, and delivering them over the holidays to board and care homes, sanitariums, convalescent hospitals and state hospitals throughout Los Angeles County.

Anyone interested in joining this effort to improve the mental health of the elderly and mentally or physically disabled is welcome to call Joan Vitale, director of volunteers for the Public Guardian, at (213) 974-0400.

CALENDAR

Not Meeting in December:
Help Anorexia
Southeast Region RCLC

December 1

The first general membership meeting of the Mental Health Coalition will be held 7-9 p.m. in the conference rooms, Los Angeles County Department of Mental Health, 2415 W. Sixth St., Los Angeles.

December 2

January 6

The Interagency Committee on Mental Health meets 9:30-11:30 a.m. in the Los Angeles County Department of Mental Health conference rooms, 2415 W. Sixth St., Los Angeles.

December 5

An all-day symposium on Identification and Treatment of Autism and Psychotic Conditions in Infancy and Childhood will be presented by Children's Services of Del Amo Hospital, 23700 Camino del Sol, Torrance.

For information, call 530-1151, ext. 270.

APA \$10,000 AWARD FORMS AVAILABLE

Each year the Achievement Awards Board of the American Psychiatric Association solicits applications for awards from psychiatric programs of original quality or exceptional merit.

First prize consists of a gold plaque and a \$10,000 grant from Roerig, a division of Pfizer Pharmaceuticals. In case of a tie for first prize, multiple winners will share the cash award.

Any ongoing program of at least one year's duration offering service to the mentally ill or retarded is eligible whether it is based in a school, clinic, hospital or in the community itself.

The board has always been concerned that some project of great potential value may be missed because no application is made.

The deadline for submission of applications is January 15, 1982. To receive an application form, write: Hugh C. Hendrie, American Psychiatric Association, 1700 18th St., N.W., Washington, D.C. 20009.

WONG

continued from page 1

Wong is a para-professional at I-CAN.

Wong was a "happy, well-adjusted, straight-A student through (her) elementary and junior high" school years. Then, "I began to have emotional problems." From ages 14 to 20 she was in and out of hospitals, including county hospitals and Metropolitan and Camarillo State Hospitals. Each time she was re-diagnosed.

While at Metropolitan, she went through an eight-week nurses' aide adolescent rehabilitation training program. She was graduated from the program and "did not find a job, so I felt like a failure." A year later, she worked as a nurses' aide at a sanitarium, a position she held for a year. During that time, she neither took medication nor was in therapy.

"I was finally able not to be a zombie," Wong said of that period. "I was finally able to think like I should."

Later, following a breakdown, she spent a short time at Riverside County Hospital, where what Wong described as "one of the best things in my life" occurred. There she was re-diagnosed and placed on lithium, which had not been available before. As a result, she said, she was able to enroll at Riverside City College and obtain her state board license in cosmetology.

"It used to be that I was saturated with thiazine. I couldn't keep my eyes open, so, in other words, I didn't have a chance," she said. "This particular drug has been correct for me. The doctor told me that if I took it correctly and had it monitored, I would not have to go into the hospi-

December 5

"Altering States," a workshop for professionals and para-professionals on innovative psychotherapeutic techniques, will be presented by Sunrise Community Counseling Center, 3215 Beverly Blvd., Los Angeles. Cost is \$25.

For information, call 387-1388.

December 8

San Gabriel Valley Region RCLC: The Regional Community Liaison Committee of the L.A. County Department of Mental Health San Gabriel Valley Region meets 12-1:30 p.m. at the La Puente Valley Community Mental Health Center, 160 S. Seventh Ave., La Puente.

December 9

January 13

Coastal Region RCLC: The Regional Community Liaison Committee of the L.A. County Department of Mental Health Coastal Region meets at 6:45 p.m. in the eighth floor conference room, Harbor UCLA Medical Center, 1000 W. Carson, Torrance.

December 9

The California chapter of the National Association of Social Workers will convene its Mental Health Council for Southern California members, 5:30-7 p.m., at the Mental Health Training Center, 11665 W. Olympic Blvd., Suite 200, Los Angeles.

For information, call Susan Le Masters at 655-6404 or 655-6505.

December 10

The Mental Health Association in Los Angeles County Children and Youth Committee meeting, held 12-1:30 p.m. at 930 George St., Los Angeles, will focus on pending legislation pertaining to children and mental health. New members are welcome.

For information, call Cheryl Sullivan at 629-1527.

December 11

San Fernando/Antelope Valley RCLC: The Regional Community Liaison Committee of the L.A. County Department of Mental Health San Fernando/Antelope Valley Region meets 10 a.m.-12 p.m. at regional headquarters, 5077 Lankershim Blvd., Suite 400, North Hollywood.

tal." In the seven years since she began taking lithium, Wong has not been in an acute hospital.

In 1979, Wong's SSI was taken away, and she moved in with her parents. Last November, at her own request, she was placed in a family care home in El Monte. Shortly after, she went to the Therapeutic Residential Center. While there, she contacted I-CAN, went for an interview and was accepted into the program.

Wong said she "took the workshops seriously" and, by her own admission, was "sometimes over-assertive. I was tired of things not working out for me. I wanted to get everything I could out of what they had to offer here."

At I-CAN, Wong, in her own words, "showed leadership abilities that I never had. I was able to make friends and be around people. I was accepted and looked up to. I attended PCC (Pasadena City College) and got a B in theatrical make-up. I was accepted by the fellow students. That means a lot to someone who lives in a board and care."

An important day in her life was the I-CAN graduation banquet in August, where Wong served as master of ceremonies. Her parents and former therapists attended.

"I'll always remember that day because that same day I moved out of the board and care home into my own apartment," she said. "I used everything I learned here (at I-CAN). I couldn't believe how all the things had come together. It was the turning point in my life, from being handicapped to being a successful person."

The Monday after her graduation, Wong began her career as I-CAN para-professional. In this capacity, she is

December 14

"Cocaine, Marijuana and Other Drugs of Abuse: An Update" by Sidney Cohen, MD, will be featured at the Southern California Psychiatric Society Scientific Meeting, held at 8 p.m. at the UCLA/NPI Auditorium.

Call 477-1041 for information.

December 16

January 20

Central Region RCLC: The Regional Community Liaison Committee of the L.A. County Department of Mental Health Central Region meets at 7 p.m. at LAC/USC Medical Center Psychiatric Hospital, room 2C18, 1934 Hospital Pl., Los Angeles.

December 17

The Mental Health Advisory Board meets at noon at Hollywood Mental Health Services, 4759 Hollywood Blvd., Hollywood.

December 17

"Creating Housing Alternatives in the Community for People with Severe Emotional Problems" will be discussed by Susan Imai, MS, housing specialist for San Fernando Valley Community Mental Health Centers Inc., at the 7 p.m. monthly educational meeting of Westside and Coastal Friends, a community self-help group, held at the Brentwood VA Medical Center, Bldg. 300, 11301 Wilshire Blvd., Los Angeles.

For information, call 393-7038.

December 30

January 27

A Touch of Class, a private, psychosocial rehabilitation agency, conducts a Parents Skills Training Group at 7 p.m. at its Social Rehabilitation Center, 11552 W. Pico Blvd., West Los Angeles.

Call 473-6525 for information.

January

San Fernando/Antelope Valley RCLC: Call Kathy Tasugi, staff coordinator, at 508-7800 for information on date and time of the January meeting of the Regional Community Liaison Committee of the L.A. County Department of Mental Health San Fernando/Antelope Valley Region.

I-CAN Productions advisor and is in charge of client government. She is an aide in Social Skills Training and Community Skills Preparation workshops. She also works in the "mini sessions," where she works with one client in a specific area. Currently, she uses her cosmetology skills with a blind woman.

I-CAN was the first day therapy program in which Wong participated. She believes she succeeded this time because, "I do feel I was not living the life I could live. I wanted to live, and I wanted to grow, but I did not know how to do this. That's where I-CAN came in."

"I feel that I-CAN served as a tool, as an aid, and I was ready. I think that it takes both, the program and the client, to work together. I felt it was my last chance to make it. I was tired of being misunderstood," she said.

As someone who has gone through the mental health system, Wong has some reflections on how her treatment was handled.

"In many instances I don't think that doctors always think twice before making a decision, especially concerning a minor," she said. "I sense that my life has been misunderstood. I feel that my life has not been handled correctly by people who should know how to handle it."

Wong summed up her success when she spoke of having her own apartment and enjoying receiving bills — in her own name.

"I'm responsible. That I'm able to handle it is a success to me," she said. I am an adult, and furthermore, I am competent.

"It's not just having a job and an apartment. It's the wealth I feel within me."

January 5

The Jewish Family Services workshop, "Middle Age Transition," will explore expectations and changes experienced in the middle years. The workshop will be held at 6505 Wilshire Blvd., Los Angeles, 7:30-9 p.m., and continues on consecutive Tuesdays until Feb. 9.

For information, call 852-1234, ext. 2605.

January 12

San Gabriel Valley Region RCLC: The Regional Community Liaison Committee of the L.A. County Department of Mental Health San Gabriel Valley Region meets 12-1:30 p.m. at Arcadia Mental Health, 330 E. Live Oak, Arcadia.

January 14, 21, 28

The Mental Health Association in Los Angeles County and the West Los Angeles/Beverly Hills YWCA are co-sponsoring "The Total Woman — for Fun and Profit," a series of eight lectures focusing on the success needs of the contemporary woman, held at 7:30 p.m. on consecutive Thursdays at the YWCA, 10936 Santa Monica Blvd., Los Angeles. January lectures are: "Lifestyle for Self-Protection" by Beth Austin, black belt aikido, on January 14; "Body Awareness: Dynamic Image" by Ellen Sangermano, YWCA physical fitness consultant, on January 21; and "Great Looks at Great Prices (Director for Success)" by Maura Walsh, director for employment, Mt. St. Mary's College, on January 28.

For information, call the MHA at 629-1527 or the YWCA at 478-1228.

January 15

The Southern California Rape Prevention Study Center of Didi Hirsch Community Mental Health Center will present "Update: Intervention with Victims of Sexual Assault," 9:30 a.m.-3 p.m., held at 4760 S. Sepulveda Blvd., Culver City.

Call Sandra Karraker at 391-6205 for information.

January 19

"Help Anorexia," a non-profit support group, will hold a meeting for persons with anorexia nervosa, 7:30-10 p.m., at Thaliens Community Mental Health Center, room C213, 8730 Alden Dr., Los Angeles.

For information, call Steve Simon at 836-1191.

January 21

Southeast RCLC: The Regional Community Liaison Committee of the L.A. County Department of Mental Health Southeast Region meets at 1:30 p.m. at Augustus F. Hawkins Mental Health Facility, 1720 E. 120th St., Los Angeles.

January 25

Dr. Michael A. Bush, MD, will speak on "Endocrinology of Anorexia Nervosa — Starvation and Sexuality" at the 7:30 p.m. meeting of "Help Anorexia," a non-profit support group for victims of anorexia nervosa, their families and friends, held in the auditorium of Thaliens Community Mental Health Center, 8730 Alden Dr., Los Angeles.

Call 836-1191 for more information.

January 28

The Mental Health Advisory Board meets at TRC/Crisis House, 3825 N. Durfee, El Monte. Time to be announced.

CONNECTIONS

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