

Reduction in funding jeopardizes future of training, consultation project.

ADVISORY BOARD WORKS TO KEEP INDEPENDENCE

INTERVIEW:

DR. ERNEST KLATTE

Executive Director
Metropolitan State Hospital



Never thinking he would spend his career in public psychiatry and later telling his family he would certainly not return to administration, Dr. Ernest Klatte nevertheless took on the \$40 million operation of Metropolitan State Hospital in January 1981.

The challenge was there, the new executive director said. "No hospital is exactly comparable to Metropolitan. We have a daily population of 865 and admit 9,000 persons a year, which puts a tremendous pressure on turnover," he said.

"A reference would be Napa State Hospital with 1,300 daily population and admissions of only 2,000 per year," Klatte explained.

Metropolitan serves LPS (Lanterman-Petris-Short Act) voluntary and civil commitments. This makes comparison with Camarillo, Patton, Napa and Atascadero difficult, he said.

Klatte, a psychiatrist, has the experience to prepare him for the position. He is clinical professor of psychiatry at the University of California, Irvine, School of Medicine. He has served as director of mental health for Orange County, where, he said, "I had the good sense to hire Dr. Richard Elpers as

continued on page 12

One budget slashed this year, causing ripples throughout the state, is that of the Mental Health Advisory Board Project.

Normally there would not be such an outcry over a cut of this size, but with this particular cut of \$62,000 Dr. Al Loeb, director of the State Department of Mental Health, has found a ground swell of resistance.

"He said he was cancelling the contract only seven days before it happened and without consultation," said Lila Berman, active with the Citizens Advisory Council since its creation.

The Mental Health Advisory Board Project is responsible for consultation and training of local citizen advisory boards throughout the state.

The Project was planned by law to be autonomous. One of the concerns is that with the budget cut the training responsibility will be taken over by the State Department of Mental Health.

"Citizen Advisory Boards and local Regional Community Liaison Committees are the backbone of citizen participation for the mental health system," said Berman.

"This move on the part of the State Department of Mental Health could be perceived by local councils as control rather than training," she continued.

The project has a staff of

three: Marcia Buck, project coordinator; Tina Reynolds; and Laurie Rice. They are an exempt staff; they are not civil servants.

Last year, they provided 39 training events for local advisory boards.

They do the training of the 59 advisory boards in the counties and two cities in the state of California. They also provide consultation and training to state hospitals: Patton Atascadero, Camarillo,

continued on page 4

INSIDE:

OMBUDSMAN
PG. 3

CENTRAL REGION
PG. 8-9

RUNAWAYS
PG. 11



In a special ceremony held July 23, Supervisor Deane Dana (third from left) honored members of the Mental Health Advisory Board, chaired by Dr. Frances Meehan (fourth from left).

ESSAY

AMERICAN REFLECTIONS ON THE ROLE OF GERMAN PSYCHOLOGISTS IN WW II

By H. Rogosin

What are the social responsibilities of psychologists, psychiatrists, social workers and staff people in general? What are their restraints? When can they speak up in terms of the evidence in their own fields of work, and when must they be silent? Can they speak, as scientists, as professionals, on matters that are often considered to be outside their spheres of competence?

Thirty-one years ago, H.L. Ansbacher of the University of Vermont wrote an article on the testing procedures of German psychologists and attacked what he called the "stereotype of 'slave labor'" (*American Psychologist*, February 1950). He believed that Americans had a mistaken view of Nazi slave labor.

He indicated that "this stereotype is severely jolted . . . when placement testing and other generally accepted principles of industrial management" are discussed.

This point of view not only needs some examination, but is relevant today because of current controversies in the field of science, and particularly in the helping professions, concerning the social responsibilities and roles of professionals.

The American Psychological Association, for example, in its "Ethical Principles of Psychologists," states: "They are committed to increasing knowledge of human behavior and people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare." (my italics)

So the question becomes one of asking Ansbacher: was it "the promotion of human welfare" if indeed the German psychologists, as he claimed, used scientific principles of testing when they tested concentration camp inmates and tested conscripted labor under Hitler and for the German war machine?

Did they not have the professional and social responsibility to look at the consequences of their work?

Gunnar Myrdal in his classic "An American Dilemma" points out: "Knowledge of facts is never enough for posing the practical problems of what is right, just, desirable and advisable. Practical problems are, by logical necessity, inferences from value premises as well as from factual premises."

Ansbacher, in his 1950 article, gives a case history of what he considers "good placement" in which a Polish woman from the Warsaw ghetto got vocational counseling and what he assumes was a "good job" in her concentration camp, as an "assistant to the concentration-camp physician," and he mentions specifically that such case materials "are cited as an indication of the kind of results achieved through testing."

The question that needs to be asked was whether or not the German psychologists, through one means or another, through pride in their professional accomplishments and techniques, even through peer pressure, and of course governmental pressure, were co-opted into a frame-

work of values that included beliefs in the "inferiority" of certain groups and of "inferior" races.

We are dealing with behavioral aspects of human beings in a specific social climate and with the perceptions of that climate as it affects our own behavior in a professional setting.

Ansbacher praises the work of the German psychologists for what they did in vocational counseling and psychological testing of almost 12,000 foreigners at the I.G. Farbenwerke and thousands of others at private industry centers, as well as at concentration camps. Placement tests and modified intelligence tests were used.

He talks of a picture of sweetness and light, a picture of a "normal" role for psychologists in dealing with foreign labor and with concentration camp inmates. Note that he speaks of foreign labor and attacks the notion of "slave labor," though we must remember that practically all foreign workers in Germany during those years came as a result of force, through dragnets, etc., rather than voluntarily. There is ample evidence of this from the memoirs of Albert Speer, the German minister in charge of those programs.

Jacobson, the German psychologist in charge of one work group, is reported as saying regarding the testing that "we wanted to take their likes and dislikes into consideration."

Consideration for what purpose? William Shirer mentions in his history of what took place in Germany that "the Krupp firm also built a large fuse factory in the extermination camp at Auschwitz, where Jews were worked to exhaustion and then gassed to death."

I disown as valid psychology the statement of Ansbacher that "valid principles of human relations were practiced."

What is the lesson then, for us in America?

We must understand that perhaps no other single factor accounted for the Germans' inability to see the degradation of the human spirit involved in the concentration camps, and perhaps for the German psychologists too, as the theory of racial superiority.

This theory, the White Man's burden of Kipling, and the ideas of Houston Chamberlain and Gobinea, of Spengler and Nietzsche, have their counterparts on the American scene today, both in the political and scientific realms and in professional realms.

I come back full circle.

What are the social responsibilities of psychologists, psychiatrists, social workers and staff people in general? What are their restraints? When can they speak up in terms of the evidence in their own fields of work, and when must they be silent? Can they speak, as scientists, as professionals, on matters that are often considered to be outside their spheres of competence?

First of all, on the American scene, it is commonplace for only one professional to be considered as having a legitimate "right" to express opinions and conclusions on any field of thought. Surprisingly enough, that is the professional politician. This is taken

for granted, I believe, regardless of the evidence for or against the point of view expressed.

But the scientists, the practitioners in the field of helping people, are considered not to have a legitimate claim to express an opinion or conclusion outside of their narrow area of specialization. They are supposed to utter a caveat warning that they are speaking only as a citizen, not as a scientist or practitioner, when they step outside their specific area, and often they are still attacked when they do so.

Individuals in the helping professions particularly must begin to look into some of the consequences of their work, in the same way as the atomic scientists have been forced to look at some of the consequences of their work.

Individuals in the helping professions must begin to search their souls or they will be derided by future generations as having excellent techniques and brilliant statistical analyses, but also as being ignorant of or willfully making themselves ignorant of important phases of their own work and their own professional goals. They will be thought of as being more interested in programs than in people.

We must look beyond testing procedures and look into our own professional attitudes and beliefs. We must examine the way in which society uses our techniques and our tools to see if their use truly promotes the human welfare.

Unless this is done, we face not an uncertain future, but no future worthy of the name.

H. Rogosin is a life member of the American, California State and the Los Angeles County Psychological Associations; member of the Educational and School Psychologist board of directors; and has been active on community advisory committees related to schools, fair employment and fair housing.

The opinions expressed in ESSAY are those of the author.

EDITOR'S VIEW

For months now, *Connections* has printed news about mental health budget cuts. It is important we put into perspective what happened this year with the budget.

Yes, the cuts were less than they could have been in great part because many of you worked hard to let your elected officials know you were concerned.

Pages four and five of this issue detail the programs missing (\$3.2 million for Los Angeles County) and outline the cuts mental health has taken since 1978.

Strong, informed and aroused citizens groups can make a difference.

So, *Connections* says hats off to those of you who sent your letters and made your contacts. Hats off also to the Coalition, that diverse group of interests, individuals and organizations who saw the need and put self interest aside to press the mental health cause for those often unable to speak for themselves.

In November, the centerfold will be about services for adolescents, and in December we will share information about suicide prevention services and hotlines.

If you are receiving more copies of *Connections* than you need, please send the labels to *Connections*, 930 Georgia St., Los Angeles, CA 90015, and indicate which addresses are to be removed.

Lorraine Wilson
Editor

FILM TV BOOKS

By Karen Kovacevich

It's not easy being a teenager.

It's a time of change when emotions are felt deeply, old values are challenged, and new attitudes are developed.

But, the age is a lot easier to weather, for teens and adults alike, if teenagers are encouraged to discuss their attitudes, values and feelings.

Those discussions are what KHJ-TV's new public affairs program, "Teen Talk," is all about.

Premiering this September, the new half hour talk show features high school teacher and child and family counselor Joe Feinstein as host to seven of his Grant High School students. The students, different for each show, answer and comment on questions prepared by Feinstein about issues that affect them.

Each show is devoted to a different topic covering such timely subjects as abortion, friends, drugs, parents and sex.

Previewed for *Connections* was the "Teen Talk" segment "On Adoption."

Presenting a topic with which Feinstein is personally involved as the father of two adopted children, the program featured teenagers who were themselves adopted.

The students, thoughtful, candid and articulate, answered questions intended to draw out their feelings on the different aspects of being adopted.

The most animated conversation was sparked by questions concerning the teenagers' interest in their biological parents. Almost all of the students expressed a great desire to search for their biological mothers. And, all had wondered about who they might have been had they not been adopted.

The program was upbeat and the loose structure of the format allowed for spontaneity. Also, probably due to the fact that Feinstein and the students were already familiar with one another, everyone appeared relaxed and the conversation had a natural flow.

But, the half hour time limit appears to hinder the more in-depth questions that might be asked, those grittier questions that could make the program more dynamic. A way of solving this time problem would be to continue the topic into the next week's show.

Also, on the adoption program, there was a conspicuous lack of minorities and the conspicuous presence of middle class attitudes. It would allow for a more well rounded program if students with a different variety of experiences were included.

Both the concept for the program and the people involved are terrific, though. The series can be recommended especially to parents, teachers and counselors.

Produced for KHJ-TV by Betty Port, the series has already been renewed for the 1982-83 season.

"Teen Talk" will air on Channel 9 at 1 p.m. on Sundays and be repeated at 6 a.m. on the following Saturdays.

PEOPLE CONNECTION

BERMAN RETIRES; LODWIG IS NEW INTERIM

San Fernando Valley Community Mental Health Centers Inc. has a change in leadership.

Lila Berman, who has been associated with this comprehensive network of mental health and social services since its inception in 1967 and has been executive director since 1973, submitted to the board her official letter of resignation.

Doris Foster, president of the Centers, Inc. board, stated that, "Lila Berman has made an outstanding contribution in the creation of the Centers and has worked unceasingly in the pursuit of quality care for clients, dedicating her time and energies unselfishly to the entire field of community mental health. We will miss her."

Berman's championing of consumer-oriented community services extends beyond her leadership of the Centers and includes her five-year tenure as public affairs chairperson of

the therapist) to the importance of the community's influence upon the policies of the agencies serving the community," Berman said.

"It was a difficult decision to change my relationship to the Centers," she continued, "but frankly I was tired and had other interests to pursue, and I felt that new leadership might better confront the particular challenges facing the Centers now while I might be more effective on the state level. I must say that this decision was easier for me once the board and I identified someone extremely well qualified to provide interim leadership, someone who understands the complex and difficult issues facing agencies like ours," said Berman, referring to Dr. Ann K. Lodwig, appointed the interim executive director by the board.

Lodwig, who had served as director of Planning, Evaluation and Research at the Centers since 1978, received her Ph.D from U.C.L.A. in 1969, com-



Dr. Ann K. Lodwig and Lila Berman (l-r)

the California Association for Mental Health (helping to shape the content and wording of the Laterman-Petris-Short Act) and her participation, since 1969, on the State Citizens' Advisory Council.

Berman explained that the priorities of S.F.V.C.M.H.C. Inc. will continue under new leadership. "First, we affirm the idea of advocacy, not limiting ourselves to the traditional offerings of the professions, but doing whatever is needed to help people help themselves. Second, we are creating a network that serves, not just on paper but really serves, all aspects of the community, regardless of age, race, religion, sex or financial status. In this regard, we have a special commitment to the minorities, the handicapped and others who have often been excluded from or neglected by the mental health system. Finally, we want to affirm consumer involvement in the system. This ranges from individual clients' rights (for example, the right to refuse treatment or the right to freedom of choice regarding

pleted clinical internships at the Long Beach V.A. and the L.A. Child Guidance Clinic and was a post-doctoral scholar for two years at the Neuropsychiatric Institute of U.C.L.A. She directed an N.I.M.H. funded, three-year mental health evaluation project, has held faculty appointments at several local universities, developed a system of computer software called COSAM (Consumer Oriented System Assisting Management) and is currently chair-elect of the Los Angeles County Interagency Committee on Mental Health.

Lodwig endorsed the priorities outlined by Berman and the board and feels a guarded optimism. "We at the Centers are aware of the enormous effort it will take to keep alive the dream of a comprehensive network of community services truly responsive to the varied needs of all consumers, regardless of their ability to pay," she said.

SENIORS HELPING SENIORS

"My son put me here in this board and care place and had all my stock dividend checks delivered to his address . . . Now I don't have any money."

"I'm worried about the amount of drugs they keep giving my father."

"While I was in the hospital, the apartment house manager sold off my belongings and the neighbors tell me my antiques are in his living room."

These are some of the concerns presented to Wanda Sawyers in her new role as ombudsman.

Los Angeles Mayor Tom Bradley has appointed Sawyers ombudsman for older persons in long term care facilities. Sawyers is executive director of the North Hollywood Multipurpose Center for seniors located at 5000 Colfax Avenue in the second council district.

The first ombudsman in the city of Los Angeles for this purpose, Sawyers explains the term ombudsman. "It is a Scandinavian word meaning negotiator."

Twenty-three states now have the program set up according to Federal law "to assist the states in establishing investigative units which would respond in a responsible and constructive way to complaints made by or on behalf of individual nursing home patients."

The goal under Federal regulations (Title III: Older Americans Act) is "to improve the quality of care . . ." Now under the Administration on Aging, the program has expanded to include all long term care facilities for older persons. The ombudsman has 24 hour access to the facility.

"The purpose is to have independent ombudsmen operating outside the government's jurisdiction in the best interest of the older person," Sawyers said.

Sawyers, herself a senior, now has 15 older persons trained as ombudsmen. In addition to other requirements, the ombudsman must complete 72 hours of rigorous training and study in the areas of regulatory laws, licensing, Medicare and MediCal, psychosocial aspects of aging, drugs and the institutionalized elderly and family communications.

"Portions of the training have been videotaped to best use the talents of the top people in the field," Sawyers explained. "This also helps keep the quality of training even."

In the beginning, facility administrators were leery of the program, and the industry was feeling threatened, Sawyers stated. Some of the problems an ombudsman is called to mediate include conservator-

ship, legal problems, family abuse, access to records and other resident's rights. As a conciliator, the ombudsman can use the resources of the Senior Citizens Multipurpose Centers to resolve problems.

"By the time we see them (older persons in long term facilities), custodial medical care decisions have already been made. It is their mental health and well being in the institution environment that is often not being met," Sawyers said.



Ombudsman Wanda Sawyers

Sawyers outlined the programs available at the North Hollywood Multipurpose Center where more than 40 agencies offer services on the premises.

For those outside the care facilities, the frail elderly, this is a place they can socialize. Transportation is provided if the family cannot help. Counseling, therapy, exercise, hot lunch and creative arts including music, dance and painting also are available. A psychiatric counselor along with the Peer Counseling Training Program and help from Los Angeles Guidance and Counseling Service are just three of the mental health services offered.

"But if we were to say you need mental health counseling they would be out the door because of the stigma mental illness has for this age group. An informal setting is used with individual and group help," she explained.

"On site there is a weekly meeting of Alcoholics Anonymous. The meeting is one of the first AA groups for seniors in the U.S.," said Sawyers.

One of the most popular programs on the site is the Toy Loan room where older persons repair and loan, as a library would, toys to children in the neighborhood. After successfully returning six toys on loan the child is allowed to choose one toy from the top shelf for her own.

It has helped several older persons suffering from depression to reach out to the youngsters. One man, for months unwilling to speak, opened up after only a few days volunteering in the Toy Loan.

"Seniors helping seniors is the way these programs work but sometimes it's seniors helping youngsters . . . or is it that there is no age barrier?"

CONNECTIONS DRAWS CONNECTIONS

By Dr. Charles Ansell

When the administrative staff at Martin Luther King Hospital studied the extent of its budgetary cuts, they were stunned at the widespread destruction of services forced on them by the County Board of Supervisors. The cuts were so drastic that basic medical services were not only seriously compromised, but in several instances they were completely eliminated.

The casualties so far are: the complete elimination of the Walk-In Clinic, a service which had been available 16 hours a day; all dentistry treatment (except oral surgery) dropped; Out-patient pharmacy dropped; Pediatric Clinic schedule cut in half; and other specialized medical services (e.g. dialysis) dropped.

The action of the Board of Supervisors seemed more like the work of a hit and run driver than a thoughtful review of the hospital's services to its community.

The Catch-22 may be that the mental health community will shortly feel the impact of these cuts in ways not foreseen by the supervisors. In their efforts to reduce costs, the supervisors may well have followed in the footsteps of the mythical Hercules and his 12 labors. One of his labors was to destroy the Hydra, a monster with nine heads. The trouble was that when Hercules struck off one head, two new ones grew in its place.

The forced closing of Martin Luther King Hospital's Walk-In Clinic alone may resemble Hercules' vain effort to cut off the heads of the Hydra, for among those patients who look to the Walk-In Clinic there will be an unknown number who will turn to mental health services because their headaches, backaches, abdominal pains and other chronic complaints may force the hidden psychological problem to rise to the surface.

Studies at various large hospitals have already shown that persons in emotional distress are significantly higher users of both inpatient and outpatient medical facilities and that medical utilization declines significantly in those emotionally distressed individuals who received psychotherapy as compared to a control group of matched emotionally distressed patients not receiving psychotherapy.

These studies (originally intended to demonstrate to funding agencies, County Board of Supervisors and private insurance companies) showed that the factor of somatization of undiscovered emotional problems is at work in large segments of every outpatient medical facility.

In the circumstances, one can reasonably suspect that with the closing of the Martin Luther King Hospital's Walk-In Clinic, and with the substantial curtailment of other outpatient departments, the traffic of patient flow will move toward mental health facilities.

Unfortunately, it will not be the patient's insight that will alert him to the psychological base of his complaint; it will more likely be a form of "acting out" that will force him into psychotherapy. Acting out in non-clinical language often means seriously destructive behavior toward one's self or to others.

The Martin Luther King Hospital Walk-In Clinic was a first contact point for new patients. After an examination there and after a determination of the nature of the complaint, the patient was then referred to appropriate services, inpatient or outpatient. But now with the closing of this first contact, we can only hope that the unmet needs of the patient will be discovered by a professional mental health worker and not by a peace officer. Such hopes are vain, for if the patient was aware of the psychological basis of his complaint from the beginning, he would have most certainly gone directly to a mental health clinic without the first screening at the Walk-In Clinic.

It would be foolhardy to protest periodic efforts to economize. Health delivery systems need to be thoughtfully reviewed, not only to insure optimal levels of service, but to guard against the waste of duplication of services and the often uneconomic use of resources in both physical facilities and allocation of personnel.

Conversely, for the County Board of Supervisors to trail after the current fashion of wielding a broad ax blade indiscriminately can sadly precipitate a fallout of great consequence. *This shortsighted economy simply shifts expenditures from one agency to another.* What Martin Luther King Hospital is denied doing, the mental health community will be forced to do. And there is also always the danger that when the outpatient is denied medical service, the costs for the police and the courts will be increased.

The County Board of Supervisors, in this writer's opinion, has stumbled into a Herculean labor that may one day expose the tragic shortsightedness of thoughtless economies.

Dr. Charles Ansell is a psychologist in private practice, past president of the Los Angeles County Psychological Association and editor of The California State Psychologist magazine. He is a member of Connections' Editorial Board.

ADVISORY continued from page 1

Metropolitan and Napa.

Autonomous training is felt to be necessary by those concerned because of the nature of the work of the advisory boards.

Citizens Advisory Board responsibilities include regularly monitoring the effectiveness and impact of programs to insure policy is being implemented, evaluating impact of mental health programs on the community's mental health needs and deciding on continuation or change in policy.

The training and consultation helps clarify the role of a member of a board. For example, the board members do no program implementation or administration. The boards in each county are responsible (by law) for approving the planning process.

Under law AB3422, Section 5763 of the Welfare and Institutions Code: "There is a Citizens Advisory Council to advise and assist the legislature and the director of mental health in carrying out the provision of this division. The State Department of Mental Health shall cooperate fully with the Citizens Advisory Council by rendering efficient accounting, financial management, personnel and other reasonable support services when requested by the council in the performance of its powers and duties."

John McDonough, past chairperson of the Organization of Mental Health Advisory Boards, said to the Conference of Local Mental Health Directors, "It really is essential to the strength of the county mental health program and the county mental health director to have a strong, active, aggressive and independent MHAB."

There is still some hope on the part of those involved that the funding will be found to continue the project.

KEY TO THE CUTS

(To be used with the map on the opposite page)

1. Deletes administrative support staff and eliminates work measurement capability.
2. Eliminates a contract development position and inhibits the negotiating, developing and processing of Short-Doyle contracts in a timely manner.
3. Cuts two positions in the administrative section - critical clerical support to the operations of the judicially committed offenders program.
4. Results in a permanent loss of 11 inpatient beds. The contractor discontinued accepting patients mid 1980-81.
5. Results in a severe reduction in evaluation and crisis intervention services to inmates in the jail.
6. Results in the loss of two positions used to provide aftercare services to the chronic, difficult to place and long term patients.
7. Results in the serious loss of consultation and education services throughout the region.
8. Results in a reduction of the Region's ability to maintain and retrieve medical records on patients.
9. Deletion of these positions in after care program results in fragmented continuity of care for wards exiting from D. Kirby and Camp Holton. This loss of service could force these youngsters back into a pattern of recidivism.
10. Represents a loss of 20 inpatient residential treatment beds designed to provide alternatives to hospitalization.
11. Reduction of staff results in a decrease of approximately 21 percent in the continuing education and in-service training programs.
12. Eliminates a contract for pre care and after care services to the Korean-American population.
13. Hampers the timely submission of critical budget documents. Further Data Processing services would be curtailed.
14. Reduction of 4.8 percent eliminates a wide range of mental health services to residents in the Santa Monica and West Los Angeles areas.
15. Results in a loss of services to highly needy target groups already underserved; children, the aged, and victims of community violence in San Gabriel Region.
16. Represents 3,518 units of service lost and services lost to 21 adolescents. Closes adolescent long term ward at LAC/USC remaining funds will be used for contracts for adolescents.
17. Results in a regression of the system designed to aid the patient reenter society in a positive manner.
18. Results in a reduction of service contacts for conservatees which could result in a regression of the patient's ability to function.
19. Reduction is offset by anticipated revenues.
20. The 12 percent loss of these consultant sessions will reduce training and educational services to private providers as well as decreasing medication treatment.
21. The loss of consultant sessions equivalent to one psychiatrist will cause a severe cut in training and education services in the district.
22. Reduces the Mental Health Education Program designed to provide public information about services.
23. Represents the loss of five positions used to provide outpatient services and liaison in the treatment of the recently released State hospital patients.

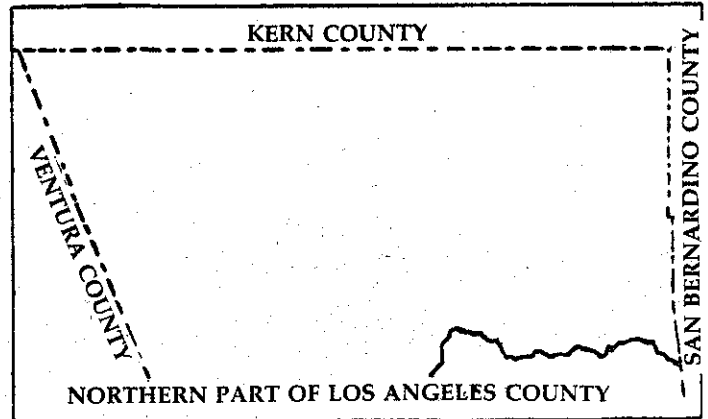
County-wide Reductions

- 1. Administrative Services Division — Administrative Support Bureau \$69,258
- 2. Contracts and Grants Division — Administrative Support Bureau \$34,141
- 3. Administrative Support — Program Services Bureau \$33,487
- 5. Forensic Mental Health Crisis/Outpatient Program — Program Services Bureau \$41,843
- 6. Office of Mental Health Social Services/Mentally Disordered Offender Program — Program Services Bureau \$56,000
- 9. Dorothy Kirby Center — Child and Youth Bureau \$72,297
- 11. Education & Training — Program Development Bureau \$77,658
- 13. Quality Support Bureau and Budget Division — Administrative Support Bureau \$108,128
- 18. Public Administrator/Public Guardian — Program Services Bureau \$49,181
- 22. Mental Health Education Program Development Bureau \$64,317
- 23. Adult Services Division — Program Services Bureau \$125,510

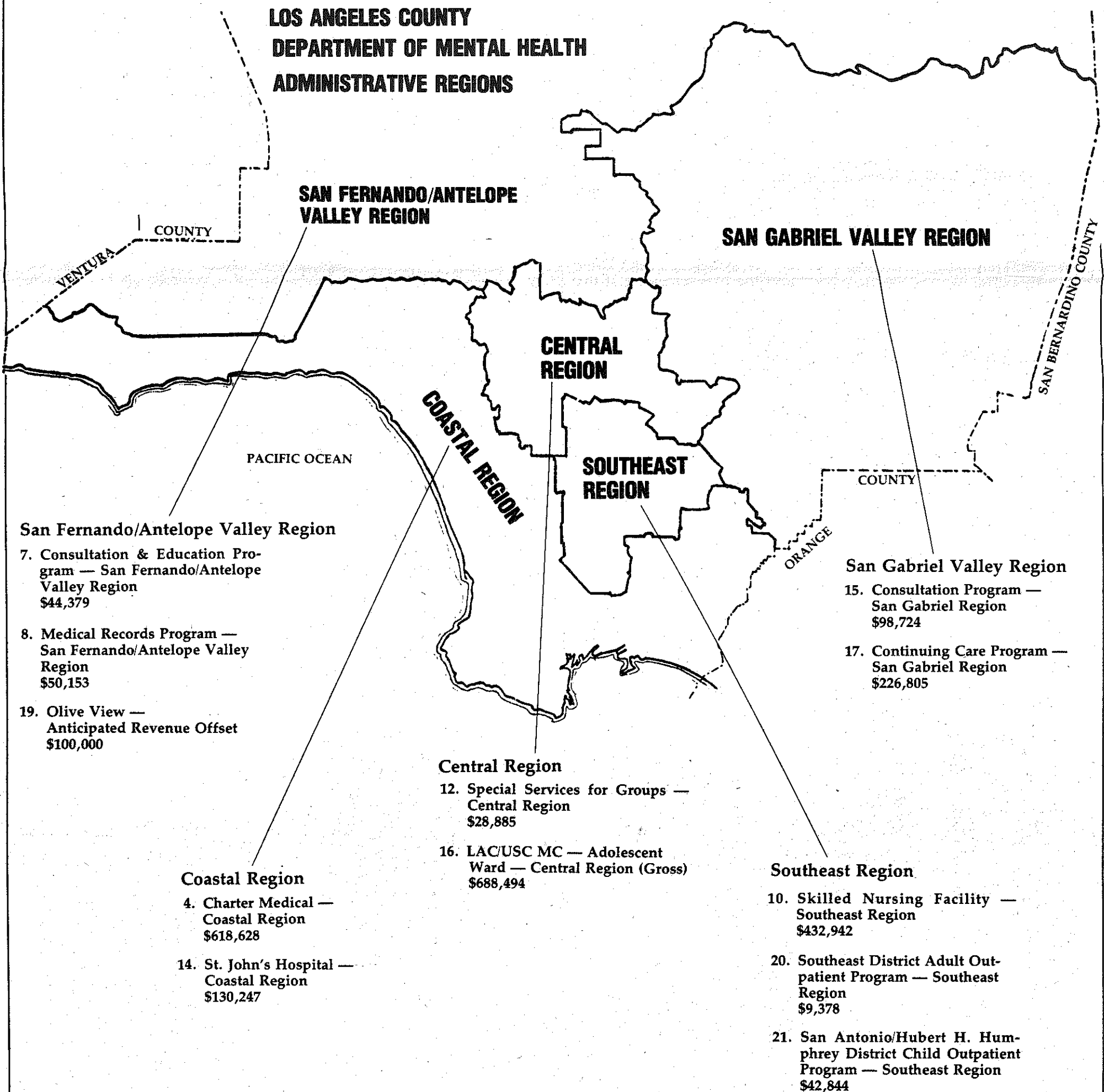
MENTAL HEALTH BUDGET CUTS 1981-82

A detailed description of the curtailed services listed below appears on the opposite page. Corresponding numbers are a key to the detailed list.

Curtailments in mental health for Los Angeles County for 1978-79 were \$2,960,060; for 1979-80 were \$4,297,356; and for 1980-81 were \$392,141, for a total of \$7,649,557. When added to the 1981-82 cuts of \$3,203,309, the total curtailment for 1978 to the present is \$10,852,866.



**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
ADMINISTRATIVE REGIONS**



MENTAL HEALTH SERVICES FOR OLDER PERSONS



FOR USE AS A POSTER

**City of Los Angeles
Area Agency
Aging Division**
215 W. Sixth St., Room 700
Los Angeles, CA 90014

**Los Angeles County
Department of Senior
Citizen Affairs
Area Agency on Aging**
601 S. Kingsley Dr.
Los Angeles, CA 90005
For information/referral
(213) 738-3311

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

**Andrus Older
Adult Center**
USC Gerontology
Seton Hall 3rd Floor
262 S. Lake St.
Los Angeles, CA 90057
(213) 483-8802

**Heritage House for
Gerontology Services**
Fuller School of
Psychology
447 N. El Molino
Pasadena, CA 91101
(213) 577-8480

**Institute for
Creative Aging**
P.O. Box 142
Malibu, CA 90265
(213) 456-6297

Foothill Family Service
118 S. Oak Knoll
Pasadena, CA 91101
(213) 795-6907

Pasadena Adult Guidance
770 S. Pasadena Ave.
Pasadena, CA 91105
(213) 792-2121 (24-hour)

**Patchwork Support Group
for Widows and Widowers**
St. Luke Hospital
2632 E. Washington
Pasadena, CA 91107
(213) 797-1141

**Jewish Family Services:
Freda Mohr
Multiservice Center**
351 N. Fairfax Ave.
Los Angeles, CA 90036
(213) 655-5141

Valley Storefront
12821 Victory Blvd.
North Hollywood,
CA 91606
(213) 984-1380
(213) 877-1882

Pico Robertson Storefront
1450 S. Robertson
Los Angeles, CA 90035
(213) 272-6045

**Counseling Center:
Westwood United
Methodist Church**
10497 Wilshire Blvd.
Los Angeles, CA 90024
(213) 474-3501
Mon.-Thurs.
(1:30-8:30 p.m.)

**Multipurpose Centers
North Hollywood
Multipurpose Center**

5000 Colfax Ave.
North Hollywood,
CA 91601
(213) 766-5165
(213) 984-3877

**Van Nuys
Multipurpose Center**
6514 Sylmar Ave.
Van Nuys, CA 91401
(213) 781-1101

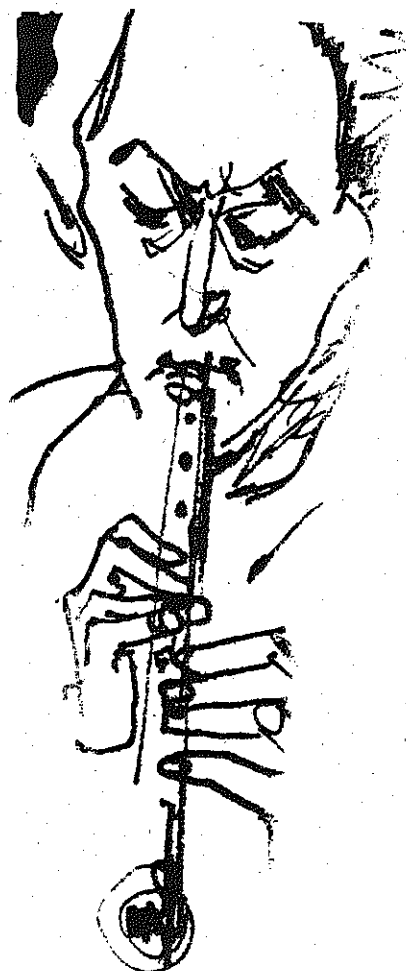
**Pacoima
Multipurpose Center**
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Pacoima, CA 91331
(213) 899-9548

**VBS/Reseda
Multipurpose Center**
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Reseda, CA 91335
(213) 705-2345

**Wilkinson
Multipurpose Center**
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Northridge, CA 91324
(213) 701-0144

**Felicia Mahood
Multipurpose Center**
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Multipurpose
Senior Center**
435 S. Boyle Ave.
Los Angeles, CA 90022
(213) 264-6210



**GRAPHICS
BY JESUS PEREZ**



**Wilmington Multipurpose
Senior Center**
1148 N. Avalon Blvd.
Wilmington, CA 90744
(213) 834-1142

**St. Barnabas
Multipurpose
Senior Center**
2007 Wilshire Blvd.,
Suite 201
Los Angeles, CA 90057
(213) 483-7002

**Hollywood Multipurpose
Senior Center**
6501 Fountain Ave.
Hollywood, CA 90028
(213) 465-3522

**People Coordinated
Multipurpose Senior
Center**
5133 Crenshaw Blvd.
Los Angeles, CA 90043
(213) 294-5226

**Bradley Multipurpose
Senior Center**
10937 S. Central Ave.
Avenue
Los Angeles, CA 90059
(213) 564-5901 Ext. 227

**Avalon Central
Multipurpose Senior
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4515 S. Central Ave.
Avenue
Los Angeles, CA 90011
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Los Angeles, CA 90018
(213) 734-9091

**Bilingual Information
and Referral
Specialists**

**Asian and Pacific
Coalition on Aging**
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Los Angeles, CA 90019
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**Chinese Senior Citizens
Outreach Center**
600 N. Broadway
Los Angeles, CA 90012
(213) 625-0274

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1200 S. Kenmore Ave.
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323 Mar Vista Ave.
Wilmington, CA 90674
(213) 549-1915

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12953 Branford St.
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244 1/2 E. First St.
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1740 W. Temple St.
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(213) 483-6599

**Korean Senior Citizens
Outreach Center**
760 S. Westmoreland Ave.
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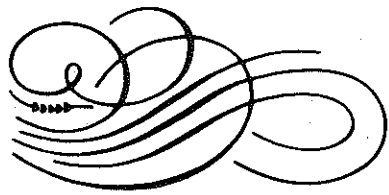
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Los Angeles, CA 90018
(213) 734-2175

**Indo-Chinese
Outreach Center**
2121 W. Beverly Blvd.
Los Angeles, CA 90057
(213) 483-4970

**Evergreen Japanese
Outreach Center**
2923 E. Second St.
Los Angeles, CA 90033
(213) 263-5987

**Korean Senior Citizens
Korean Senior Citizens
Club Outreach Office**
2716 Ellendale Pl.
Los Angeles, CA 90007
(213) 733-4024

LOS ANGELES COUNTY CENTRAL REGION



The fourth in a series of articles focusing on one of the five Los Angeles County Department of Mental Health regions.

The new director for the Central Region is putting into practice his philosophies about management and providing service.

Dr. Rodolfo Garcia possesses a strong belief in utilizing a systems approach to management, moving away from a hierarchy with authoritative lines and has "an approach to develop a management structure which includes an emphasis on responsibility and contribution toward the mission, rather than authority.

"The emphasis is (on the question) what contribution can a staff person make and what responsibility can they assume for that," said Garcia. The role of the regional director in this approach is to create an environment where the staff can achieve this and to make sure the incentive and appreciation are there and visible, according to Garcia.

Incorporation of this type of management system is an integral element in one of Garcia's goals for the region, that being "developing a viable and open management structure that is capable of providing an identity and information about what we do as a region."

This management style is part of another of the regional director's goals, which is "developing a management information system that can let us know what are our efforts and how are we achieving what we set out to do, some way of documenting our successes and the goals we set out to do."

"The role of the regional director has to be to make services more accessible and with greater continuity to the population of the region."

Also of significance to the director is the area of quality assurance and control. In this area, Garcia wants to develop a way of knowing "is our service effective; does it lead to a change in people's health state; are we reaching the groups we want to reach." Garcia then aims to use that feedback to develop training and teaching programs. This goal, asserted Garcia, "becomes more important with the department goal of reaching the acute (mentally ill)."

A part of quality assurance is being certain that the different

populations are served sensitively.

"The role of the regional director has to be to make services more accessible and with greater continuity to the population of the region," Garcia said. "We will not tolerate second rate services for different populations.

"Mental health is part of a system of human needs; if we intend to serve a population, the staff must reflect that diversity."

Another area of interest to



Dr. Rodolfo Garcia

Garcia is that of manpower development, where he has ambitions to "create an environment where they (trainees in the mental health profession) can train near where they want to practice. There are a lot of ideals left. People have a commitment to go back to the community.

"That's where I see the role of the university. The university has an important function in attracting eminent persons in the field, in providing training and in developing a model delivery system in which service and training are compatible," he said. Training should, he contended, "include a variety of populations in a variety of settings and a variety of modalities."

The role of the manager of each region in the county differs because "the institutions involved are different and the demographics vary," said Garcia.

This "geographic responsibility" leads to the second of Garcia's philosophies being implemented in the region, that of providing services where they are needed. In this capacity, Garcia believes that the region should have "greater accessibility, fuller comprehensiveness and greater continuity of care.

"We have to see what are the

obstacles created by society and created by ourselves unwittingly, and we must bridge that gap by taking that into account in planning," he said. The hospital, for example, may be only 15 minutes away by car, but may be an hour and a half bus ride for a client.

Garcia has put this principle into practical use within his region. At the present time, there are plans for moving the East Los Angeles district mental health services facility to the area that is the most underserved and has the fewest outpatient resources.

The region was assisted in its search for a new location by the East Los Angeles Space Committee, which included members of the Regional Community Liaison Committee (RCLC) of the Central Region

and Terra Mulcahy, from the region's Office of Continuing Care.

As part of the search for a new site, maps were used to discover the area most densely populated and then transportation lines were followed to determine accessibility of possible spots.

"Wherever the population is, that's where our services should be, not the other way around, and we change the system to service who it is we are trying to reach," said Garcia.

The planning process of the region is equally important, according to Garcia.

"It has to be an open process, a participatory process. What we are most proud of in the Central Region is the community input. We have established and developed an articulate and well-organized RCLC," he said.

The RCLC, chaired by Hector Penilla and referred to by Garcia as "one of the finest and well-developed," was also active in planning for the proposed budget cuts faced by the region. When Garcia took over the regional director position April 6, 1981, the county was in the midst of the first phase of the curtailment. According to Garcia, "We had to decide what programs would fit within the California Model," the state plan for mental health services. Once this process was com-

pleted, the region received input from the RCLC. When the second curtailment was announced, region personnel had two meetings with the RCLC within 10 days.

Garcia may be new to the regional director position, but he is not new to the Central Region. In 1979, he became medical director of El Centro Community Mental Health Center, which he considers to be "a tremendously rewarding experience." There he worked with Executive Director Ambrose Rodriguez.

"It gave me the opportunity to work closely and intensely with a small group, working not in a hierarchy, but where the players change according to the project, and the idea in management is to get the best out of people," he said.

Born in Monterrey, Mexico, Garcia grew up in Detroit, Mich., and received his medical schooling in Monterrey. He received his degree in clinical psychiatry from the University of Texas in San Antonio.

During his residency, he had the opportunity to be the first Hispanic psychiatrist to serve an impoverished area of San Antonio.

"The idea for my being there was to help the para professionals be more effective," he said.

After coming to Los Angeles in 1974, he became the assistant director to the director of Social and Community Psychiatry at USC. It was from this position that he took a leave of absence in 1979 to work at El Centro. He spent one year at El Centro, then resumed teaching and then accepted the regional director position.

As new regional director, Garcia said that "you have to understand that we are in a human service. You have to listen as well as talk."

CENTRAL REGION IS:

- 1.2 million people
- 131 square miles
- 31 communities and cities
- 13 sheriff and police stations
- 20 mental health contracts with 12 agencies
- 5 county mental health districts:
 - LAC/USC Medical Center
 - 1937 Hospital Place, Room 147
 - Los Angeles, CA 90033
 - (213) 226-6815

East Los Angeles MHS
512 S. Indiana St.
Los Angeles, CA 90063
(213) 268-9161
(Services both Northeast and East Los Angeles districts)

Hollywood MHS
4759 Hollywood Blvd.
Los Angeles, CA 90027
(213) 669-1060

West Central MHS
3751 Stocker St.
Los Angeles, CA 90008
(213) 299-3680

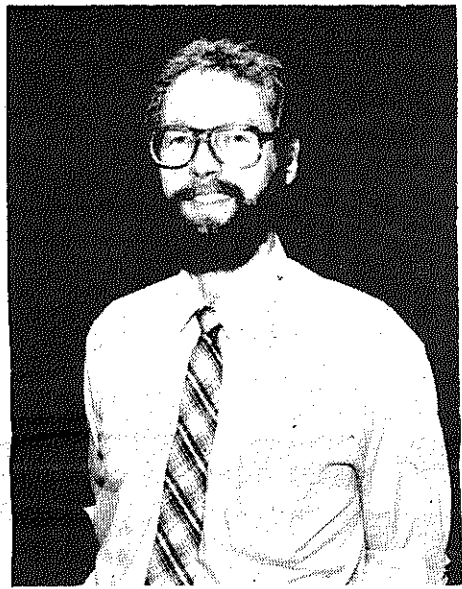
SKID ROW SERVICES BEGIN

by Julia Scalise

"The skid row population is a misunderstood population. It is not a homogeneous group. There are people down there who are severely mentally ill, and they revolve through the hospital door back to skid row," said Ford Kuramoto, district director.

The Central Region is initiating an innovative new program that is designed to meet the needs of this primarily unserved population. The Civic Center Project will provide mental health services for the civic center population from a facility located in the area, following Regional Director Dr. Rodolfo Garcia's commitment of providing services directly where they are needed.

"By placing the center in this area, it gives people an opportunity to have access to the system in a more meaningful fashion," said Dr. Kevin Flynn, program manager. "A person who is mentally



Dr. Kevin Flynn

disturbed may not be able to take the bus or may not have the money."

According to Flynn, there has been an interest in providing services in the area for some time, an interest that may have been precipitated by the closure of the nearest mental health center, South Central, a victim of Proposition 13 cutbacks. This left the area without a service center.

The need, however, remained.

"Quite a number of people deservng mental health treatment are being taken under what police call 'mercy bookings' because of the lack of hospital services," Flynn said.

"The needs of the area have been well-known for a long time," concurred Kuramoto. "Even before South Central was closed, there was a feeling there should be an outstation in skid row." This was emphasized when a DPSS guard was fatally stabbed.

The project is housed in the Department of public Social Services (DPSS) building on Fourth Street in Los Angeles. DPSS is also supplying a liaison person, Herb Lester, senior medical social worker.

"He will help screen and direct patients that are initially contacted in DPSS into the mental health realm," said Flynn, who

added that DPSS is supportive of the program.

"We envision a comprehensive program of mental health for the civic center area," said Flynn.

The program consists of many elements, according to Flynn, including providing evaluation and treatment services, consultation to the other agencies in the area, being responsive to government agencies and sharing information with the treatment agencies in the area.

The evaluation of persons for Supplemental Security Income (SSI) was the first element to become operational. The process consists of having a medical doctor evaluate persons to determine if they are eligible for SSI, "so people who are truly in need will be able to get funding from the appropriate source," said Flynn. "So many people down there are eligible, but haven't been evaluated by an MD."

Flynn referred to the program as "unique" and believes it has the potential of becoming a model for similar programs throughout the country.

"This program is innovative. It's a statement of concern of mental health to provide a wide range of services to a distressed population," he said. "I think it's important for society to be committed to helping those people who, for whatever reason, find themselves in this area. Nobody should be abandoned."

Initial planning for the Civic Center Project began in Spring 1980 with a nucleus of mental health personnel, among those Carolyn Peterson, Central Region Community Care coordinator, and later Dr. Rodger Farr, senior consulting psychiatrist for the Los Angeles County Department of Mental Health.

"Dr. Farr assimilated the various community agencies and groups, both public and private, and translated their needs into the establishment of the center," said Flynn. "He was also instrumental in housing the unit in DPSS so there is no additional overhead."

Farr also provided psychiatric evaluation for clients in the area, and those evaluations were made to determine whether a person was eligible for SSI.

Flynn took the program manager position for the center "because I like the opportunity to be

"I think mental health can have a significant impact on improving the quality of life in the civic center area."

involved in community programs and I like working with diverse groups. I think mental health can have a significant impact on improving the quality of life in the civic center area."

Flynn, a clinical psychologist, was director of the Los Angeles County Employee Assistance Program, which provided a counseling program for county employees and their families.

He has also been an associate director for psychological services for the Los Angeles County Sheriff's Department, providing counseling, psychotherapy, consultation and hostage negotiations.

Flynn's goal for the project is "to eliminate places like skid row.

"I think it's important to dream that one can do it. If one doesn't dream, one's already lost."



This architecturally historical building is the new home of Hollywood Mental Health Services, opened in April 1981. photo by Julia Scalise

HOLLYWOOD GOES HISTORICAL

Hollywood Mental Health Services, a district of the Central Region, has relocated its facility.

Originally scheduled for January 1981, the move was postponed until April. The delay was due to the need for renovation of the building to meet earthquake standards.

Necessity for the move was prefaced by a change in the program's mandate, according to Dr. Ford Kuramoto, DSW, district director. From 1962 to 1979, the center provided only day treatment service. In 1979, the facility became a mental health district, which required that it have a minimum of two components. Outpatient and crisis services were added, and the existing day treatment program was continued.

With the two additional services, "our other place immediately became much too small," said Kuramoto.

"In fact, we had to curtail our day treatment program. We had two therapists in one office. We could not see as many people as we potentially could," he said of the existing situation.

According to Kuramoto, numerous requirements led to the selection of the current site.

"We wanted to move to a place that would offer what we considered quality services in a decent environment. We wanted it to be easily accessible in terms of bus routes," he said.

Services at the center have expanded to include a workshop and a socialization activity program, the latter making use of still another benefit of the new site.

"That's another reason we wanted to move in this area. We wanted to make use of the recreational areas," Kuramoto said. Located on Hollywood Boulevard near Vermont Avenue, the center is across the street from Barnsdall Park and a short distance from Griffith Park.

Kuramoto gives credit to the Hollywood Mental Health Services citizens group for their assistance in finding the new site.

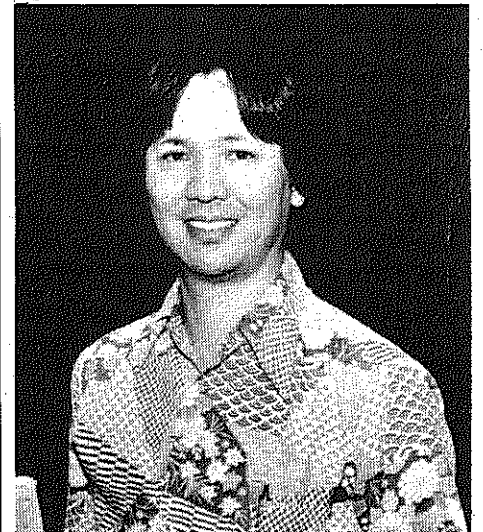
"Our citizens group was instrumental in helping us locate this building and showed great interest in our progress," he said.

Their new building is, according to Kuramoto, somewhat of a minor architectural historical piece. The building, constructed in 1922, still has many of its original features, including a solid walnut elevator and wrought iron design along the stairway. The original 1922 floors are simulated tile, where an inprint was made

into cement, grout was poured, and then the floor was stained by hand. The front originally had four arched windows, but one was filled in during the renovation to meet the earthquake specifications. The back portion of the building is considerably newer, having been added approximately 10 years ago.

The program itself also has a historical background. The day treatment program began in 1962 in the former facility as one of four existing state facilities. When then-Governor Ronald Reagan decided to close all four facilities, the county took this one over, making it the only one of the original day treatment programs started by the state still in existence in terms of continuing service.

Reagan's announcement about the closures attracted local television journalist Bill Stout, who did an on-location report from the center in favor of having the facility remain open.



Dr. Ford Kuramoto

Kuramoto has several goals for the center, which he divided into three groups.

Of foremost priority, he said, is "to have enough resources to continue to provide the basic services that are needed in this area. We are worried about budget cuts.

Secondly, he said, "There's a tremendous need for programs. We really hope to develop with our sister clinic and contract agencies, to work together and develop a network of services that will provide the best and most services, given the limited budget."

Finally, Kuramoto's third group of goals involves expansion of programs, including hospital alternatives; crisis and emergency services; supportive services for chronic patients, including weekend socialization activity programs; and the development of a federally funded community mental health center.

But, of all these goals, emphasized Kuramoto, the one given the highest priority is the goal of maintaining those existing programs providing basic services to the clients at the present time.

ESSAY

EMOTIONAL INCAPACITY SOCIAL ETHICS NUMBERS AND ECONOMICS

By Robert D. Gordon, Ph.D.

I want to challenge several notions in "mental illness" which seem to be prevalent. If I am wrong, then at least I may succeed in stimulating discussion and some explanations.

This first notion is that a residential psychosocial unit needs to accommodate no more than 15 clients. A larger such unit results in too much exposure of its clients to one another (a norm of "bizarre behavior"). This is a specific provision of the 1978 Bates legislation.

The second and third notions are: "... this social logic (deinstitutionalization) must not be undermined by market imperatives. For the truth of the matter is that if deinstitutionalization is to work as it ought, we would need a complex system of social support services that would cost more than the present massive institutions, with their drugged-out populations." (See Jean Bethke Elshaint, "A Key to Unlock the Asylum?", *The Nation*, May 16, 1981.)

These three propositions are related by high cost. In particular, a residential psychosocial unit with no more than 15 clients is a very costly affair (per client-day). A Bates legislation "exemplary" program in San Francisco has been reported to cost \$175 per client-day. I submit that such high cost is a serious demerit of the program design on therapeutic grounds.

Well-functioning Society

What must be the end product to be sought by any social service, whether simple welfare, health services or mental health? The answer has to be the well-functioning of society.

The "welfare system" is widely criticized for not realizing this basic goal: for its failure to provide effective ways back to normal economic and social functioning.

Health services (medicine and allied disciplines) uniformly seek to restore patients to their normal life-styles or, failing this (due to permanent disabilities), to help them find new satisfying niches in society and to restore to patients the well-functioning of society.

Social well-functioning has heretofore been a prominent shortcoming of "mental health services." The recognition of this fact is the basis of recent movements to psychosocial habilitation.

Western societies in recent times have tried simply to provide comfort and succor to their emotionally afflicted ("mentally ill"), by providing "insane asylums," later "mental hospitals," most recently becalming psychotropic drugs. But experience has shown

that many patients, under such total care, simply deteriorate further. They do not learn serenity from serene surroundings; they learn instead to attach their old fear, anger and rage to these new surroundings, a result predictable from Pavlovian principles of conditioning!

The conclusion is inescapable: clients (not "patients") have to learn appropriate and effective behavioral response systems to normal environmental and social events, to learn how to bring about, and to experience, the well-functioning of society. These are the objectives of psychosocial habilitation.

Community Alternative Costs

The functioning of every society depends on its economy, its balanced circulation of goods and services needed for sustenance. By and large, individuals give more than they receive (a condition, it has been noted, imposed by thermodynamics).

Hospitals and similar high-cost services are sometimes necessary on a temporary basis. Low cost is an imperative for community alternative programs intended not to simulate hospitals, but to provide normal social experience.

Psychosocial Unit Size

The 1978 Bates legislation required (qualifying) residential psychosocial units to contain no more than 15 clients, an expensive requirement as already noted. The Bates argument for such smallness is based on amount of exposure to non-normal role models.

Now, the relationship of amount of exposure to unit size is a classically justifiable case for applying the famous (psychophysical) Weber-Fechner Law, which basically identifies size-perception (experience) with the logarithm of physical measurement (size of a unit). Such comparison gives the following results (using base-10 logarithms):

1 Bates program (e.g. San Francisco, already noted)

$$\log 15 = 1.176$$

2 Transitional Living Centers for Los Angeles County (TLC) contains (in several domiciles) total 65 residents:

$$\log 65 = 1.813$$

3 Beverlywood Mental Health Center (BMHC), also in Los Angeles County, has operated for 10 years as a limited psychosocial residential establishment, and has an impressive performance record. Its total resident-membership is 110, with three basic groupings:

$$\log 110 = 2.041$$

Thus the Bates: TLC: BMHC amounts of experienced non-normal exposure are in the proportion 1.176 : 1.813 : 2.041, which reduces to

$$1.0 : 1.557 : 1.736$$

The 110 members total in BMHC impose on one another no more

than 1.75 times as much non-normal exposure, than does a Bates unit of 15 members.

Size and Social Process

There is another side of the size-coin. Members both in TLC and in BMHC are distinctly grouped on a merit-promotional basis (so that both are effectively smaller than their numbers indicate). Members experience and use these opportunities to "move up" and thus themselves present positive role-models to their peers. It is doubtful if such experience is possible in a unit of only 15 members; more likely such members get "brownie points" and may even acquire reputations as "privileged characters."

Finally, BMHC can operate at quite low cost (optimally about \$25-\$30 per day); TLC is much more intensive but still costs greatly less than hospitalization. Both are probably equally cost-effective measured (correctly) by life-course expectancies instead of by (potentially fallacious) per diem cost.

Conclusions

The Bates requirement of "no more than 15 members in a residential psychosocial unit" is not justified and appears to be economically unfeasible. Virtues are possible in larger units which cannot be well realized in such small units.

"Market imperatives" (cost considerations) are not only necessary economically, they are a central part of the effectiveness of any psychosocial program whose central objective is to help clients to feel, and to be, functioning members of society.

Effective psychosocial services need not, and should not, cost more than society can readily and intelligently accept. Their costs need to be consistent with clients' sense of fair play and with the well-functioning of society.

Dr. Robert Gordon is a retired research analyst from County DPSS, a member of the Coastal Region RCLC and a member of Westside and Coastal Friends.

The opinions expressed in ESSAY are those of the author.

LAWYERS AND COUNSELORS MEDIATE DIVORCE

"Separation is traumatic enough. Why put the couple through the burden of shame and guilt, with more expense, and do major psychological damage to the children?" asked Dr. Albert Sobol, cochairperson of Divorce Mediators Inc.

This idea, along with changes in divorce law and in the perception of causes of divorce has led to the growing use of divorce mediation, being practiced in a variety of models throughout the country.

The two major changes in divorce law were the introduction of no-fault divorce and the concept of joint custody, and "we're moving away from the idea that divorce is the consequence of one bad spouse," said Sobol.

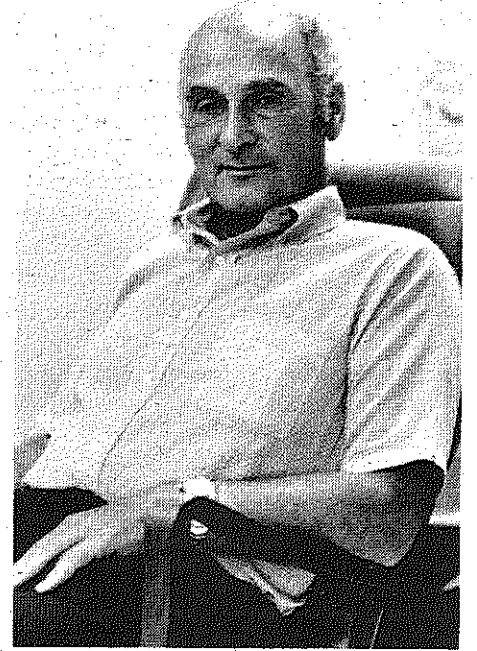
The phrase that Sobol said best describes the divorce mediation concept is "private ordering of divorce."

"By that we mean, rather than have

the courts decide, private individuals will organize and arrange their separation with the assistance of legal and mental health counseling," he said. "Many people assume that in divorce the only thing to do is fight."

Sobol sees the role of the mediator as "a transmitter and clarifier of messages so all the parties can hear them," and feels that divorce mediation is a "logical extension of work we're already doing."

"I see this as part of an effort by legal and mental health professionals to see that it is better to try and negotiate than to win total victories," he said. "It's an attempt to lower expenses and to increase the possibilities of everybody gaining. It's not a win/lose situation in the total or absolute sense. It's an attempt to assist them to look at the issues and to make a reasonable long run decision that is best for all concerned."



Dr. Albert Sobol

situation in the total or absolute sense. It's an attempt to assist them to look at the issues and to make a reasonable long run decision that is best for all concerned."

To illustrate this concept, Sobol used the example of a parent, because of guilt, relinquishing custody of the children, only to feel cheated six months later.

The Divorce Mediators Inc. group began approximately one year ago. A psychologist, Sobol, employed as a professional witness in divorce and custody hearings, said he "recognized that this is a disruptive system that I'm a part of," and, along with family law attorney Bonnie Neuman, "realized there had to be a better way."

The two taught a workshop at UCLA, and this group grew out of the workshop.

According to Sobol, there is a variety of ways of mediating divorce.

"My own interest is in a collaborative psycho-legal model, where I work with an attorney and the couple to help the couple to understand and to resolve and mediate the legal and psychological antagonisms," he said. Other mental health professionals, he added, mediate only with the couple, and when the mediation is completed, two attorneys prepare the legal documents.

Also varying is whether the couple meets separately or together with the mediating professionals.

"I would meet with the attorney and the couple to first explore with them to see if this is what they want to do," he said. The couple will then engage in the mediation process, both separately and jointly, but "ultimately the couple must meet together for mediation."

"Our effort is to permit them to separate in such a fashion so they will be able to talk to each other after that is over," Sobol said.

Those interested in learning more about divorce mediation may contact Sobol at The Center for Counseling and Psychotherapy at 829-7407.

RUNAWAYS HAVE OPTIONS

There was the 17-year-old boy who came home from school to find his father and the trailer in which they lived gone. There was the 14-year-old girl frequently beaten by her parents who had no place to go. Another unhappy youth left home "to find himself" and found himself frightened, lonely and often hungry. These are just three examples of youth-in-crisis that come to Options House seeking assistance with food, shelter, jobs, counseling or sometimes just a cup of coffee and some warm words.

Next to New York City, Hollywood has the second largest population of runaways in the country. Research shows that there are 1,000 runaways on the streets of Hollywood at any given time. These youths are drawn to Hollywood believing the golden media image, but the harshness of reality quickly overcomes whatever meager physical and emotional reserves with which they arrived.

Without appropriate identification they cannot work. Work permits can only be obtained through high school, and to be enrolled in school a parent's signature is needed. The few dollars the luckier kids have with them are depleted quickly, and employment without "papers" barely exists. Many kids resort to panhandling, petty theft, dealing drugs, and even prostitution, out of desperation. If they manage to side-step the only "jobs" available, the streets are filled with potential violent situations, and these youths are easy prey, explains Helen Cohen, executive director.

Because of this situation, Options House is opening the first licensed shelter for runaways in the City of Los Angeles. Located in Hollywood, the shelter will be operational September 1, 1981.

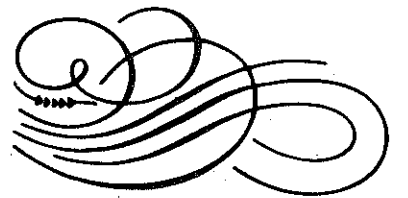
Options House and the shelter are programs of Hollywood Human Services Project, a non-profit, tax-deductible corporation. The Project spent two years working with other community youth-serving organizations conducting extensive research into the runaway situation and available programs before they opened the shelter. They visited runaway programs throughout California and also found that there were no licensed facilities in the entire City of Los Angeles.

Options House offers counseling, family mediation and information and referral services for food, clothing, medical and dental assistance, substance abuse programs and vocational training.

"The support of the community is vital to the success and the continuation of Options House," said the executive director. The support comes from the California Community Foundation, the Atlantic Richfield Foundation, the Youth Development Bureau of the U.S. Department of Health and Welfare and Juvenile Diversion Funds, as recommended by Supervisor Edmund D. Edelman.

For more information about Options House, call 467-3605.

CONNECTIONS WITH THE READER



Another View

At the risk of adding yet another counter-move in the tiresome game of "King of the Hill" between psychiatrists and psychologists, I offer a comment or two on the issue of physicians as psychoanalysts. This is in response to Dr. Charles Ansell's letter printed in the July 1981 *Connections*, in which he branded the idea of an M.D. as a psychoanalyst as "dead wrong," quoting Sigmund Freud's well-known comment on the subject.

However, all of us who, as psychoanalysts, have extensive familiarity with Sigmund Freud, would agree that one of the hallmarks of his genius was his capacity to change his views in the face of new evidence. One belief that he never did change was that eventually a biological substrate of neurosis would be discovered. His "Project For A Scientific Psychology," published in 1895, was a brilliant early effort in that direction, which was flawed because it was ahead of its time.

Is it really likely that Freud, who never renounced his physicianhood, would have not changed his attitude about physicians as psychoanalysts in the face of recent neuro-endocrine research findings, some of which articulate with his speculations in the "Project"? Also, would he have maintained that attitude in the face of the ever-broadening acknowledgement by competent physician-analysts that mind and body are indeed inseparable?

Let us not talk about better or worse, or, for that matter, right or "dead wrong." In our pluralistic society, patients can choose between psychoanalysts of the mind-body and those of the mind alone. For those who wish to make that choice, it should be known that the two psychoanalytic training institutes in Los Angeles affiliated with the American Psychoanalytic Association and the International Psychoanalytic Association are the Southern California Psychoanalytic Institute and the Los Angeles Psychoanalytic Institute. Both of these institutes, with some few exceptions, require the M. D. degree and psychiatric residency training of all applicants.

Harry R. Brickman, M.D., Ph.D.
President, Southern California
Psychiatric Society

Victim Again?

On Monday, July 20, KNXT Channel 2 News had a "special" on child molestation for the purpose, I assume, of educating the public, though I learned only that molesters exist — which I already knew.

They interviewed an attacker whose identity was preserved by keeping his face shadowed, and certainly his name was never divulged. Such was not the case for a small victim, I would guess to be around 7 years old. The little girl was kept in bright lights, seated on her Mommy's lap, and her name was emboldened in large letters across the screen. She was interviewed by a male television reporter, with cameramen filming, of course, in front of other school children.

Her little head bowed and the most

shamed and humiliated expression I had ever seen crossed the child's face as the reporter gratuitously asked, "And then what did you do," and "How did you feel about that?" I couldn't believe his insensitivity.

The other children there heard her reply, "Then he asked me to take my panties down." The child looked like she wanted to die. Your heart just had to go out to her. Was she being victimized for the second time?

After that terrible display, anchorwoman Connie Chung had the courage to question the wisdom or advisability of interviewing the little girl on camera. The intrepid reporter replied that he had been assured by psychiatrists that it's best for victims of molestation "to be open." I suspect that the psychiatrist didn't mean to television reporters.

After the airing of this "news" segment, I telephoned the reporter to register my antipathy to his so-called "educational presentation" and to find out a little more about his thinking. Again he reiterated that professionals in the mental health field have a preference for openness. I suggested that perhaps they felt that victims would be better off crying, screaming, or communicating with their moms or psychologists, but that "open" did not mean reporters and cameramen and the world at large.

"Furthermore," I persisted, "did it not occur to you that you could very well have traumatized that child even more?" His retort was, "What the — do you know?"

Undaunted, I explained that, as a commissioner with the Department of Public Social Services for four years, I had observed and studied these traumatized kids. At MacLaren Hall we tried to preserve their dignity and strenuously protected their anonymity. Kids so injured deserve that sensitivity. The subject of his story would have to face her schoolmates and neighborhood friends day after day and perhaps will feel that she is different and alienated.

Her friends at school, the reporter countered, are all supportive and some even turned in their fathers as a result. I wondered whether one event had anything to do with the other, but said nothing. Instead I charged ahead, saying that it appeared to me that he was unconcerned about the possible injury to the individual. Was he not taking a terrible risk? This brought him to attack me, "It's people like you who make kids ashamed!"

It's irrelevant, isn't it, whether I'm a bluenose or a swinger — but actually, I'm neither. I still felt it necessary to pursue the further issue of what I felt could be risking the girl's mental stability.

"You made me feel that you were exploiting that child for your own ends, and you're telling me that psychiatrists told you that it would be good therapy to expose that child on television."

"Not therapy, but I was told it would do her no harm." Then he gave me the name of a psychiatrist who

supposedly made the statement. My personal belief is that the doctor must have told him that it's good not to bottle up unpleasant happenings but to get them out of the system. I doubt that he could guarantee that no harm or risk was involved in publicly displaying the girl's anguish. The doctor he named, however, has failed to return my call, so I cannot directly relate his viewpoint.

The girl's mother, apparently, approved of the television taping and gave a release. I perceive it to be wrong on the part of all concerned, even though no laws have been broken.

It's important to add here that this particular child had been molested a year ago. The reporter could not even use the excuse of it being newsworthy or timely.

Never would I interfere with a free press or First Amendment right. I only plead for a responsible press. Print media seldom publish the names of minors in felony cases, even when the youngsters themselves are responsible for criminal behavior. If other media have high standards where children are concerned (and where severe consequences could occur), why cannot all stations maintain standards of decency and responsibility?

Channel 2 station management never returned my calls. I did, however, talk to a deputy district attorney who deals exclusively in child abuse cases. She not only agreed with my view, but said that in the years she has spent in this work, she cannot recall a child being so exposed on television. She found it puzzling because she could not figure out how the reporter could have obtained the identity of the child.

Other reporters I spoke to in print media as well as electronic media were aghast at the treatment given that story. None felt it an infringement on a free press to voluntarily protect a child's identity.

In what respect were we enlightened by the dissemination of personal information from that girl? What did we learn of psychopathic behavior because on television she said he asked her to remove her panties? How did her humiliation help us? Surely, seeing her face and knowing her exact name served no useful purpose at all.

It would be appropriate, I think, for the mental health community and individuals, as well as an organization, to go on record on the handling of juveniles who are troubled.

Arline Mathews

(Editor's Note: In response to a Connections telephone inquiry about the topic of the letter, KNXT news director Johnathan Rodgers said, "That was an award-winning program updated from last fall." Regarding the language used by the reporter during the conversation with Mathews, Rodgers replied, "If that happened, that is not the response a person should get from our station." Rodgers offered to speak to Mathews and indicated persons interested could view the film.)

Connections encourages response from readers. Letters should be kept as brief as possible and are subject to condensation. Connections reserves the right to edit letters for style and libel. Letters must include signature and valid mailing address. Pseudonyms and initials will not be used. Due to space limitations, an attempt will be made to publish a representative sampling of views.

Letters should be sent to: Connections, Mental Health Association in Los Angeles County, 930 Georgia St., Los Angeles, CA 90015.

CALENDAR

August

The American Psychological Society is holding its 89th annual convention Aug. 24-28 in Los Angeles. Among scheduled events is the G. Stanley Hall Lecture Series, presenting the latest developments in five different areas of psychology. The lectures, to be held in the Golden State Room of the Los Angeles Hilton Hotel, are: "Educational Psychology Goes Back to School" by Lee Shulman, Michigan State University, Aug. 24, 1-2:50 p.m.; "Social and Psychological Bases of Social Psychology" by Carolyn Wood Sherif, Pennsylvania State University, Aug. 24, 4-5:50 p.m.; "Memory and its Distortions" by Elizabeth Loftus, University of Washington, Aug. 25, 1-2:50 p.m.; "Predicting Human Sexual Behavior" by Donn Byrne, State University of New York, Albany, Aug. 25, 4-5:50 p.m.; and "Environmental Psychology: A Coming of Age" by Daniel Stokols, University of California, Irvine, Aug. 26, 1-2:50 p.m.

August

Project Return, a Mental Health Association federation of self-help clubs, is presenting "Eight Hours to Sanity," lecture series each Wednesday evening in August, 7-9 p.m. at the United Methodist Church, 10497 Wilshire Blvd., West Los Angeles. Topics of the lectures are: "Dance Therapy and the Chronic Psychiatric Patient" by Heidi Rorick, MA, on Aug. 5; "Halfway House, Community and Self-help Groups" by Dennis Jaffe, Ph.D., on Aug. 12; "The Razor's Edge: Insanity and Genius" by Jackie Holley, professor of psychology, Antioch University on Aug. 19; and "Intimacy and its Role in Mental Health" by Steven Koenigsberg, Ph.D., on Aug. 26.

There is a lecture donation of \$5 per lecture or \$15 for the series.

For information and reservations, call 478-3711, ext. 4190.

August

A Summer Day Program, offered by Kennedy Child Study Center, a division of St. John's Hospital and Health Center, continues until September 4.

For further information, call 829-8568.

KLATTE continued from page 1 my deputy." (Elpers is now director for the Los Angeles County Department of Mental Health.)

Klatte also served as interim director for the State Department of Mental Health. He has served at Langley-Porter (internship), Mendocino and Napa State Hospitals. Here he established one of the first Therapeutic Community Programs in the United States, offering group support and group identity, as a means of opening up the wards.

Asked about his concerns for mental health, Klatte responded, "Often, without there being a conscious awareness, we have operated on clichés, for example, community care is automatically better; decreasing hospital size is good; deinstitutionalization is the only way. I'd like to see us forget clichés and head toward 'what does the patient need.'"

Klatte explained that for a disturbed person who requires considerable structure, placing that person in a board and care community facility "can be as much a prison . . . a state hospital setting may provide more freedom."

One of his goals is to improve the medical psychiatric care of the patients and associated with this is a second goal, to get the psychiatrists (Metro staff) to assume more overall responsibility for the patient.

"With changes in the law and changes in medication, most persons, comparatively speaking, are treated out in the community,"

August, September

Meetings of a new support group for parents and families of mentally disabled persons are held every Wednesday, 7-9 p.m. by (Re-) Socialization Skills, Inc., a non-profit, private social rehabilitation program for treatment of people with serious mental illnesses. The support group is free and meets at 1535 Sixth St., Santa Monica. The group focuses on ways of coping with problem behaviors and life styles.

For information and reservations, call Bart Ellis, LCSW, at 451-1755.

August 5

Interagency Committee on Mental Health meets 9:30-11:30 a.m. in the conference rooms at the Department of Mental Health, 2415 W. Sixth St., Los Angeles. All interested agencies are welcome.

Street parking only.

August 18

"Coping with the Verbally Abusive Client" is the topic of a Mental Health Training Center seminar to be held 9 a.m. — 4 p.m. in West L.A. The well-known, experienced guest faculty will explore the professional's reaction to verbal abuse, the dynamics of clinical interaction and techniques for coping to free the therapist to conduct clinically appropriate therapy. C.E. credit (6 hrs.) is available to nurses, psychologists and social workers.

For more information and a complete catalog, call 478-1535.

August 19

The Regional Community Liaison Committee for the Central Region will meet at the LAC/USC Medical Center, Psychiatric Hospital, Room 2C18, 1937 Hospital Place, Los Angeles at 7 p.m. Free parking is available adjacent to the hospital in lot six.

said Klatte. This leads to his third goal, to have the Metro staff know more about available community programs.

"I want to increase awareness on the part of my staff of what is available out there in the county regions. The county (staff) feels the only good treatment is in the community, and the state feels the

"I'd like to see us forget clichés and head toward 'what does the patient need.'"

only good treatment is in the hospital," he said. Klatte wants the county and the hospital staffs to work together.

When questioned about rumors that the county wants to take over Metropolitan Hospital, Klatte responded, "As far as employees are concerned, it would not make any difference," but he doesn't think it will happen.

Good community relations are important to Metropolitan Hospital. Klatte explained, "The hospital was here and the community (Norwalk) built up around it. One community incident happened last year leading reluctantly to the building of a 12-foot fence.

"A natural inclination of the city council here is to want to develop with high rise buildings and so there is a study at the state legislature to determine does the hospital have excess land. Of course it also is in the city's interest to have the hospital here because of the business generated by our payroll," he explained.

Another area Klatte wants to

August 20, 21

"The Chronic Psychotic Client in Outpatient Treatment" seminar offered by the Mental Health Training Center in West L.A. will focus on innovative strategies for successfully engaging the resistive client and will challenge the DSM III material. Guest faculty will include experts in research on the chronic psychotic client in the community. C.E. credit (12 hrs.) is available to professionals.

For the complete catalog, call 478-1535.

August 24

A new group for anorexia nervosa victims, their families and friends will meet 7-10 p.m. at the Allstate Savings and Loan, Brentwood/West Los Angeles branch, 11911 Wilshire Blvd., in the conference room located on the side of the building next to the parking lot. Harold L. Pruett, Ph.D., clinical psychologist, director, adult services, Didi Hirsch Community Mental Health Center, will speak on past and present treatment modalities relating to anorexia nervosa.

For information, call Steve Simon at 838-2715 or 836-1191.

September 2

Interagency Committee on Mental Health holds its monthly meeting 9:30-11:30 a.m. in the Department of Mental Health conference rooms, 2415 W. Sixth St., Los Angeles. All interested agencies are welcome.

September 11

Conference on Mental Health and Juvenile Justice will be held at the Mental Health Training Center in West L.A. for the mental health and legal professions. It will focus on key issues of juvenile crime, early identification of deviance, delinquency prevention and treatment programs for mentally disordered minors. A distinguished faculty from psychiatry, law and administration will participate. C.E. credit (6 hrs.) will be available.

To register, call 478-1535.

September 14

The monthly Southern California Psychiatric Society Scientific meeting will be held 8-10 p.m. at the UCLA Neuropsychiatric Institute Auditorium.

For further information, call 271-7219.

improve is staff morale. "We need to appreciate the excellence at Metro. This is a remarkable place. Some services you can't find anywhere else. We have 18 Ph.D. pharmacists, an internship program, consultation service, excellent in-service training program and 80 psychiatrists and physicians," he said.

When challenged about the number of foreign-trained staff at Metro, Klatte noted that more than half were persons with cultural and language differences, but, he said, "The early leaders of psychoanalysis were persons with English as a second language." Metro is not alone in having a high number of staff trained in other countries.

When asked about parents' groups often frustrated with treatment at Metropolitan, Klatte responded, "It is difficult for parents (of the mentally ill) not to feel angry with the system; there is so much we do not know and then there is the guilt our culture places on parents. We are discovering in these difficult cases it is not so much related to early environment.

"Economic aspects are part of the pressure. California is now lower than 30 states in per capita dollars spent on mental health."

The anger comes, Klatte believes, because, "This country can afford better care for the mentally ill and it will be community groups, including parents' groups, that will be heard (by the government) to bring the needed dollars."

September 16

The Regional Community Liaison Committee for the Central Region will meet at 7 p.m. at the LAC/USC Medical Center, Psychiatric Hospital, Room 2C18, 1937 Hospital Place, Los Angeles. Free parking is available adjacent to the hospital in lot six.

September 17

Foothill Family Services offers an Early Infant Parent Group beginning Sept. 17 on Thursdays, 10-11:30 a.m., at 118 S. Oak Knoll Ave., Pasadena. The eight session workshop, conducted by Pat Avery, MSW, has a pediatrician and nutritionist participating and stresses issues affecting parents of a first or second child. Fee per session is \$6.25. Child care is available at no cost at the agency's caressing room for infants.

For additional information and registration, call 795-6907.

September 21

Michael A. Bush, M.D., Endocrinology, Cedars-Sinai Medical Center, will give a slide presentation at the meeting of a new group for anorexia nervosa victims, their families and friends, to be held 7-10 p.m. at the Allstate Savings and Loan, Brentwood/West Los Angeles branch, 11911 Wilshire Blvd., in the conference rooms located on the side of the building next to the parking lot.

Contact Steve Simon at 838-2715 or 836-1191 for further information.

September 21, 22

"Case Management Techniques with the Chronic Mentally III" seminar offered by the Mental Health Training Center in West L.A. will address the need for the agency's long term commitment to a case plan, to chart adjustments and goal attainment and to continuously assess the client's need for community resources. Also covered will be skills to help therapists maintain case involvement while avoiding burnout.

For more information and a complete catalog, call 478-1535.

September 22

"Developing an Equitable Mental Health Law for Adolescents," a dialogue with Joan Ell Amundson, staff consultant to the Permanent Subcommittee on Mental Health and Development Disabilities, is presented by the Children and Youth Committee of the Mental Health Association. This topic is timely since work is now being done to revise the LPS mental health laws.

For time and location, contact the MHA at 629-1527.

September 23, 24

A new workshop, "Psychosocial Interventions with Children," will be offered by the Mental Health Training Center in West L.A. Content will include assessment using DSM III, the "re-education model," crisis intervention and new psychotherapeutic approaches. C.E. credit (12 hrs.) is available to all professions.

For a full training catalog and more information call 478-1535.

CONNECTIONS

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