

*Supporters, opponents testify in heated debate over bringing vocational center to business area*

## SANTA MONICA CITY COUNCIL OKS PROJECT RETURN CENTER

### INTERVIEW:

#### KAY SLAVKIN

Field Deputy



In her job as field deputy for Representative Anthony Beilenson (D-West Los Angeles), Kay Ferber Slavkin has the chance to combine her two loves—politics and mental health.

"I've always been interested in politics," says Slavkin. She worked for Edmund Edelman's first campaign for city council in 1965 when her oldest son was four and she was pregnant with the second. "This is the place for change, 'the only game in town', and

**"Many legislators and aides know nothing about mental health issues but want to learn."**

I wanted to be involved," she said. She began her mental health training at Santa Monica West, a county crisis clinic where she worked for seven years as a para-professional. "Santa Monica West has a good training program and staff development. I was able to see clients, and this gave me an extraordinary background."

Her two talents are combined in work she does with mentally disabled people who have been cut from or

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At 1:30 a.m. on May 23, the Santa Monica City Council, by a vote of 5 to 2, gave its approval to Project Return Center opening in Santa Monica.

The vote came after three-and-a-half hours of debate, with testimony and comments from 40 persons.

This paves the way, following approval by the Coastal Commission, to open the first Project Return Center.

The center will be a vocation, education and socialization center for recovering mentally ill adults, patterned after Fountain House in New York City. The location, at 1328 Second St., Santa Monica, near the mall, was chosen because a business is planned as part of the center's operation.

Project Return is a federation of self-help clubs for recovering mentally ill persons, sponsored by the Mental Health Association in Los Angeles County (MHA).

The City Planning Commission had voted unanimously in April to grant the center's request for a conditional use permit over the objections of some in the business community.

An appeal was filed with the city council by opponents to the center, led by an ad hoc committee of the Santa Monica Chamber of Commerce.

Those opposed to the center made clear they did not speak for the chamber or all businesses in the area.

Their repeated concerns were "any place but not here" and "we already have the homeless in Santa Monica; we don't need more."

"The chamber's task force supports responsible mental health care, but not in its area," said chamber spokesperson John Baron.

One person testified that people residing in the area do not want the center. "We have a

lovely ocean out there; we don't need more of those people."

Others were concerned about the potential for violence, the number of people involved in the program and the commercial location of the center.

Baron said, "The indication is it (Project Return) is an open membership. We are concerned that possibly someone with serious mental illness may not be ready to be job-trained. We are worried people may have an 'incident' in the midst of the business district, and they may be worsened in their condition."

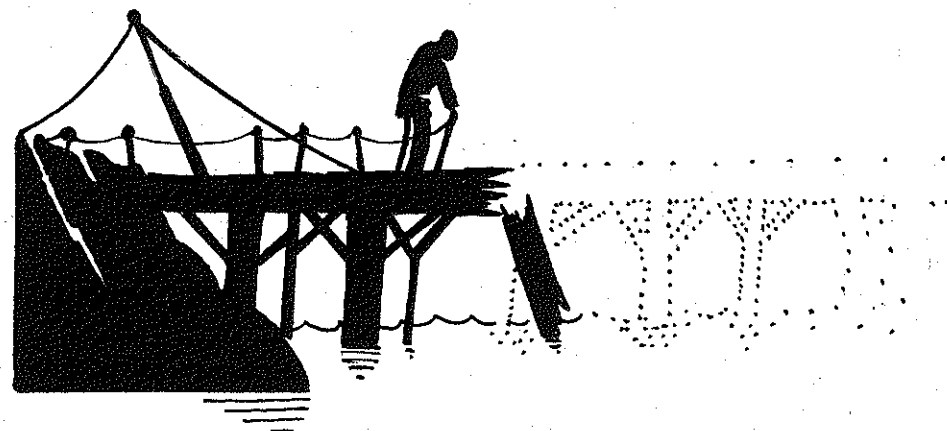
Supporters of the Project Return Center included professionals, business people, clergy, parents of mentally ill persons and Project Return members, all

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**AIDS' EFFECTS**  
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**PUSHOUTS, THROWAWAYS**  
PG. 7



Waiting for the bridge to be constructed - see pages 4 and 5.

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# 'MAY IS MENTAL HEALTH MONTH' CELEBRATED AROUND L.A. COUNTY



Los Angeles County's mental health volunteer of the year, Juana Soria (center) of the Central Region, was honored along with volunteers from all regions at a May 2 Descanso Gardens luncheon. Pictured are (l-r): Richard Paul, master of ceremonies and Mental Health Advisory Board member; Dr. J.R. Elpers, department director; Soria; Marcia Nay, Supervisor Mike Antonovich's deputy; and Maybelline Griffin, Supervisor Kenneth Hahn's deputy.



Children and Youth Services volunteers recognized at the luncheon included LaRue Wright, Helen Shonick, Dr. Stephen Howard, Harriet Erickson and Sylvia Cherny.



Southeast Region volunteers receiving awards included Dr. Grace Payne; Vergie Robinson, Mental Health Association staff; Margaret Aburto; Edward Powell; Mickey Villarvel; Sadie Gray; Shirley Richardson, county staff; Mary Joyce; and Eddie Lamon (l-r).



Coastal Region staff Carlene Johnson, volunteers Earl Lamken and Sallie Burkett, regional director Dr. Milton H. Miller and Mental Health Association staff Joannie Baracz (l-r) at the luncheon.



State Department of Mental Health Director Dr. D. Michael O'Connor (center) presents a May is Mental Health Month proclamation on behalf of Gov. George Deukmejian to Mental Health Association in California President Bill Thomas (left) and Mental Health Association in Los Angeles County President Bette Caraway.

*Whereas mental illness affects the lives of millions of Californians; and*

*Whereas mental illness is responsible for a tragic waste of human and economic resources; and*

*Whereas the mentally ill and their families bear the burden and stigma attached to mental illness; and*

*Whereas the mentally ill, as a result of their illness, are often victims of crime, abuse, discrimination and misunderstanding; and*

*Whereas many of the mentally ill can be returned to productive lives; and*

*Whereas the quality of mental health care, a current priority in our state, is important to all Californians; and*

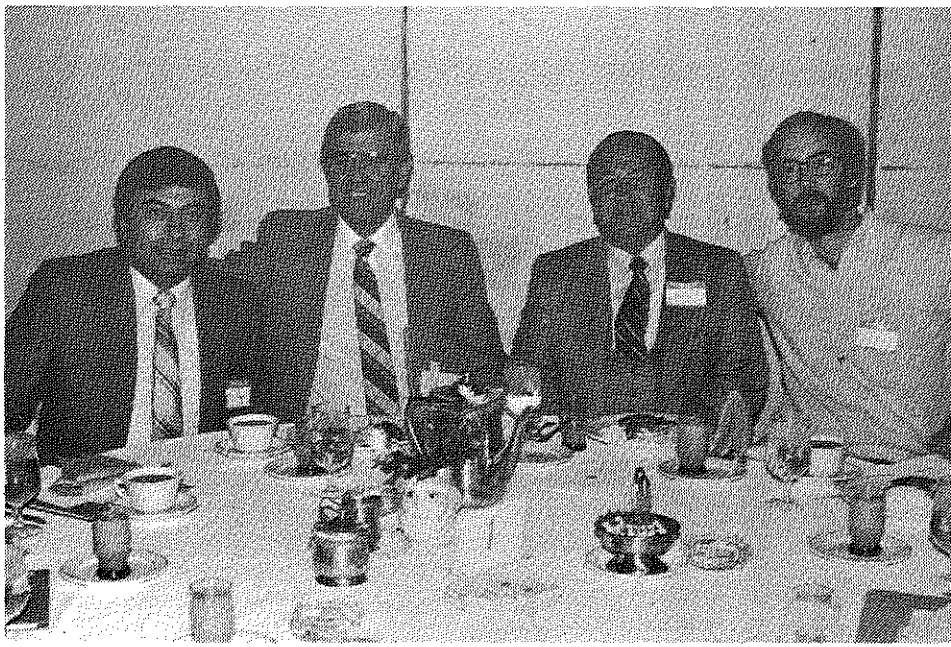
*Whereas the Mental Health Association in California is dedicated to a variety of worthwhile efforts, such as dispelling myths surrounding mental illness and assisting those who have suffered mental illness to return to community life; now,*

*Therefore I, George Deukmejian, governor of the state of California, do hereby proclaim May 1984 as Mental Health Month in California.*



Among the San Fernando/Antelope Valley Region volunteers recognized at the luncheon were (seated, l-r) Frances Ronk; Charles O'Brien and Ellen Duggan; and (standing) Robert Gillis; Jim Kottman; Judy Cooperberg, Mental Health Association staff; Sylvia Cherny; and Ida Berkovitz.

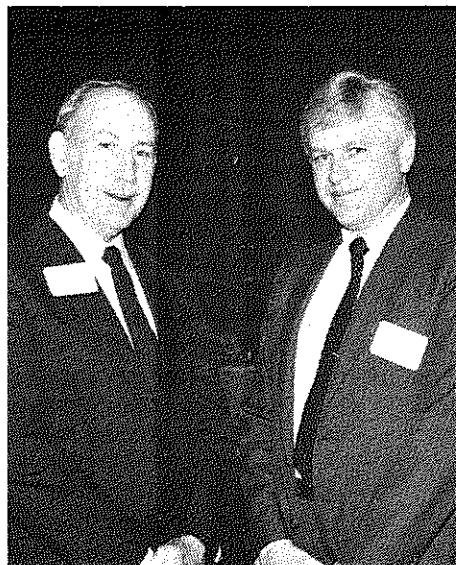




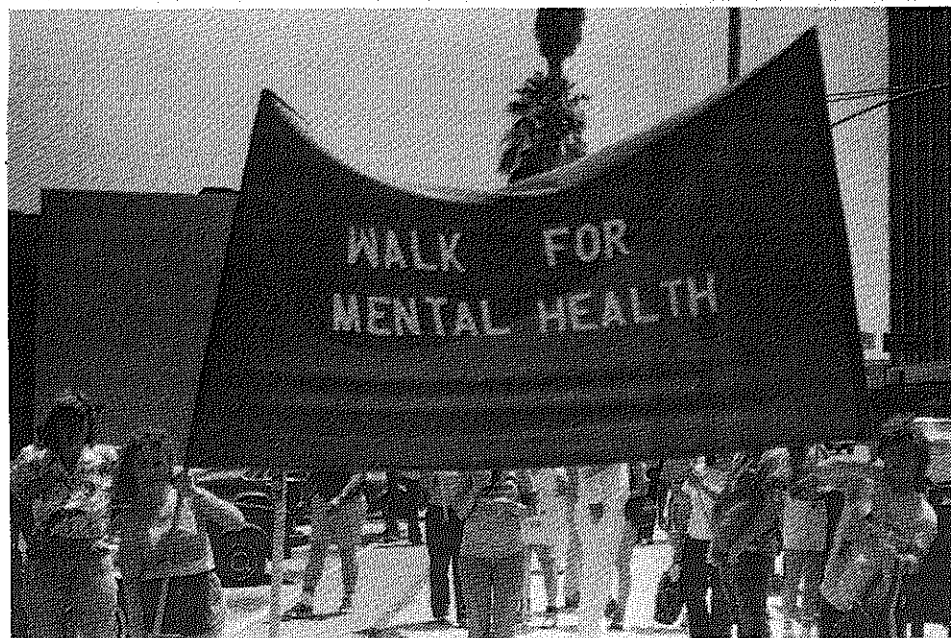
Attending the San Gabriel Valley Region Legislative Breakfast were (l-r) state Senator Joseph Montoya; Larry P. Trammel of General Telephone, a breakfast sponsor; Mental Health Advisory Board chair Alex Aloia, Ph.D.; and KCBS news producer James Kennedy, who received recognition, as did reporter Sandy Hill (not pictured) for the four-part series, "Beyond Shackles."



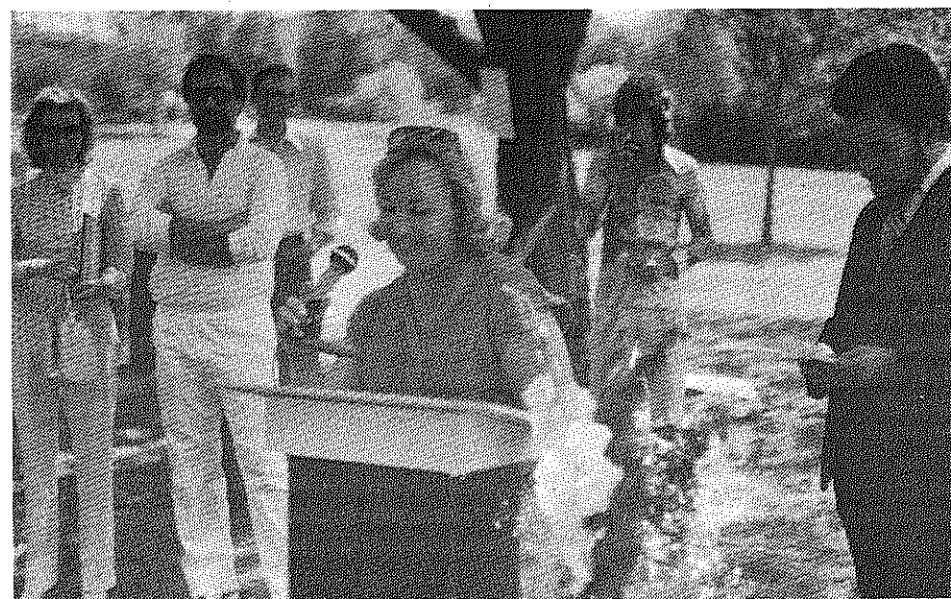
Los Angeles Herald Examiner editorial writer Edward Fishbein was honored at the San Gabriel Valley Legislative Breakfast for his six-part series on the crisis in mental health.



Alliance for the Mentally Ill-San Gabriel Valley member Andy O'Connor with Los Angeles Times writer William Overend, who received an award at the San Gabriel Valley breakfast for his feature stories on mental health.



Project Return's May 19 San Fernando Valley walk-a-thon was the first of the program's three walks, with others scheduled for May 26 in West Los Angeles/Santa Monica and June 2 in San Gabriel Valley. Project Return is a Mental Health Association in Los Angeles County program of self-help clubs for recovering mentally ill adults.



Attending the festivities at Balboa Recreation Center following Project Return's San Fernando Valley walk-a-thon were Mental Health Association in Los Angeles County President Bette Caraway (at podium) with (at left) Marsha Hunt, honorary Sherman Oaks mayor, and actor Charles Siebert, honorary chairperson for the walk, and (at right) Project Return President Mark Karmatz.

## PSYCHIATRISTS' MEETING FEATURES NEW PRESIDENT, GUEST SPEAKERS

The American Psychiatric Association (APA) began its 137th annual meeting with Dr. John Talbott taking over as its new president.

Psychiatrists from across the country and even the world attended the week-long conference under the theme, "American Psychiatry: A Dynamic Mosaic" at Los Angeles' Convention Center.

Talbott, a community psychiatrist, appropriately began his term as president with a tour of crisis and residential programs, including the crisis unit at Harbor-General Hospital, Compton Day Treatment and Portals House.

In his remarks on accepting the presidency of the APA, Talbott said, "Since time immemorial, the mentally ill have been ridiculed, discriminated against and stigmatized. While alcoholism is now accepted as a medical disease and mental retardation as a physical affliction, the mentally ill are still considered by many to be responsible for their illnesses and are penalized for them.

"What we need is a serious, concerted and professional effort to educate the public about the prevalence of serious and chronic mental illnesses, the necessity of funding research and treatment of these illnesses, and the limitation and efficacy of psychosocial and biological treatments."

Said Talbott, "It is time to face the facts that we currently have no cure for debilitating psychotic illnesses and that not all persons suffering from schizophrenia are amenable to our therapeutic treatment.

"No community in America has an adequate number or array of psychiatric services, and no fiscal legerdemain in the world can make our 'system' cost-effective so long as 297 state and county mental hospitals continue to consume the lion's share of money spent by our states nationwide."

A popular lecturer at the meeting was Dr. Carl Sagan, scientist, author and creator of the television series, "Cosmos," who discussed the nuclear winter that would follow the detonation of atomic weapons.

"This is a terrible subject," said Sagan. "The psychological effects are grave and terrifying. Our nation has a nuclear policy of denial.

"A nuclear war would mean 1.1 billion immediate casualties and 1 billion more who would need immediate emergency aid. Sagan described a world plunged into darkness and cold under a black cloud of radioactive dust; "you wouldn't be able to see your hand in front of your face, if you had either."

"We are talking about the extinction of the human species," said Sagan. "Our policy of national security is that more warheads means more security. But more will just make the rubble bounce."

Another lecturer was Rosalyn Carter, former first lady and a member of the board of directors of the National Mental Health Association.

"Deinstitutionalization has been America's major public mental health policy," said Carter. "But I kept hearing from people, from the families, from elected officials, public health experts, that despite the laudable goals of the community mental health movement, despite the expenditures of vast sums of public dollars, despite dramatic increases in the numbers of trained mental health personnel and despite the advances in scientific knowledge, deinstitutionalization itself had led to serious problems."

Said Carter, "Hundreds of thousands of mentally ill citizens were released from large state institutions before our communities were prepared for them, and they were winding up in our nation's cities, uncared for, lost, homeless and sick.

"America's most disturbing public

health problem is the plight of the chronically mentally ill who move back and forth from the hospital to the community. No one wants them or is able to provide the long-term care they need. They fill the ranks of the homeless, the hungry and the dispossessed in disproportionately large numbers, and their pain and suffering is our shame, because more than most, they are truly dependent on the assistance of a caring society."

The meeting also featured addresses by Norman Cousins, editor and author; Virginia Johnson-Masters and William H. Masters, M.D., who reviewed the first 25 years of sexual therapy; and Dr. Cornelia Wilbur, whose work with a patient suffering multiple personalities was the basis for the book and film, "Sybil."

The Coalition for Human Rights in American Psychiatry, a group of patients and former patients, marched from the convention center to the Social Security office (to protest cutoffs of benefits payments) and finally to the city hall for an open-mike session to air their views.

The major focus of the protest was against forced or coerced hospitalization, overused and misused medication without enough information about side-effects, electro-shock therapy and psychosurgery.

The coalition and APA sponsored an historic conference in which consumers had the opportunity to air their grievances about psychiatric treatment.

This was the first time that representatives of patients' rights' groups were invited to take part in an APA meeting.

Dr. Melvin Sabshin, medical director of the association, said it is important that psychiatrists listen to the concerns and criticism of these groups and try to understand their complaints.

Leaders from the patients' rights groups and the psychiatrists' group met privately before the forum to discuss the possibility of a debate at next year's meeting in Dallas. The theme of that annual meeting will be "Our Patients in a Changing World."

## SAFETY FORUM ON CHILD CARE SET FOR JUNE 5

"Recent tragic events in child care have raised parent concerns and fears regarding the use of child care options. Most families must use child care in order to make ends meet financially. Children's service providers are eager to work with parents to assure the safety of all children in our community," said Kathy Malaske-Samu, director of the Child Care Information Service.

Pasadena Guidance Clinics, the Child Care Information Service and the Pasadena/Foothill Consortium on Child Care will present a forum for parents on out-of-home child care safety.

This free forum will be held on Tuesday, June 5, from 7:30 to 9 p.m. at the Pasadena Presbyterian Church, 585 E. Colorado Blvd., Pasadena. Spanish-speaking presenters will be available.

The purpose of the forum is to address the issues of how to choose qualified child care providers and how to identify the signs of child abuse, according to Malaske-Samu.

Reservations for the forum are requested. For additional information, call the Child Care Information Service at (818) 796-4341.





## Can I really be content to wait for the bridge in the blueprint to be constructed?

By Virginia Wardwell

When families look for services for their mentally ill sons and daughters, the picture is hazy, limited, blurred and even distorted.

I was asked to prepare my remarks based on the theme "A Parent's Walk Through the California Model." I knew from experience that it would be a frustrating reminder of incomplete treatment, insufficient care and no continuity of plan for the future.

Every day I deal with heartbreak and emotional exhaustion. These are the personal experiences one lives with when there is mental illness in the home. I am sorrowful at how unprepared I am as a parent and how unable our mental health system is to handle the catastrophe of serious and chronic mental illness.

The story of my struggle with mental illness in my family is not unique. My association with the Alliance for the Mentally Ill has provided me with stories of other parents' struggles that duplicate mine. They speak of embarrassing behavior, bizarre dress, social withdrawal, poor personal hygiene, sleepless nights, disordered conduct, erratic communication ... and I think they are talking about my experiences and my son.

So, I will try to find a path that will lead me to mental health services. I find historical sign posts that show my journey could go from one extreme, neglect of the long-term severely disabled psychiatric patient, to the other extreme, a periodic flurry of activity to serve these unfortunate members of our society.

The scattering of debris on my

path gives me clues that in some cases this irregular mental health road has been surfaced by a mixture of both pressure from funding sources and perhaps a spurious effort to remedy past neglects.

I come to a sharp turn in the road and spot a sign that reads, "There is need for a changed approach in working with the chronically mentally ill."

Now, as I watch the workers preparing a smoother surface for my son to travel, I see a myriad of obstacles:

problems with housing accommodations, employment needs, lack of financial security, limited crisis intervention, a void of socialization opportunities and missing case management to serve many essential roles.

The current fragmentation of agencies and the lack of effective links for communication, referral and policy procedures highlights the weakness of the delivery system.

The admonitions of the engineer (building this road for my son) to his contractor are: be sure to include a generous dose of day and evening programs that are especially tailored to the young adult patient and have the programs' content important to this patient, such as: 1) specific suggestions on how to modify impulsive behavior, 2) the extreme hazard of alcohol and street drugs and 3) the importance of appropriate behavior.

I can see a need to develop group treatment as well as individual therapy, so, I will remind the engineer that there is a need for a flexible, informal, accessible social center that can serve as an information resource regarding housing, vocational training and help in obtaining financial assistance.

There is need for a place where the young adult can receive treatment re-enforcement through social interaction. I will make a point to the contractor that there is need for crisis residences to serve as an alternative to hospitalization; and for long-term residences that furnish specialized services for perhaps their entire lives; and, lastly, for transitional housing leading to independent living arrangements.

As I reflect on the difficulty of surmounting the barriers that are facing my son, I realize that what I saw on the original blueprint must be defined as *necessary* if my son is to be appropriately treated and rehabilitated.

Now, I am at that abyss that is going to determine my direction. Can I really be content to wait for the bridge in the blueprint to be constructed? Or, do I find alternatives?

As I sit and rest, I think of how often the crisis phase of mental illness receives justified attention, but little seems available after a week of hospital stabilization has been accomplished. The current imbalance is dramatically illustrated in how the *major* part of mental health budgets is placed in crisis and inpatient care. But what

is out there after the person leaves the hospital? Very little. Quality long-term care and treatment are at the top of my priority list.

Well, as I said, I must continue my journey. What path shall I take, now that the bridge is under construction? If I take that road marked "Mental Health System" I am afraid I will find it to be full of chuckholes. It will just be a path comprised of pieces put together by a bunch of very nice people (most mental health professionals are very nice people, you know). They would like to do better, but they must follow the rules, the department regulations, the law. And, they don't have enough money, enough space, enough staff.

There is another road marked "California Model." This road appears to be well-constructed, and from what I can see, vividly exhibits what is necessary just to meet the minimum needs of my son.

But how do I get the gate open so I can use the road?

Legislative action is perhaps the only answer. We have seen the effectiveness of a strong mental health constituency that demanded a higher priority for mental health in 1984-85, and it looks like the governor and the legislature in Sacramento will respond.

But money alone will not open that gate.

There is need for attitude changes that will bring the families and professionals together in a way that encourages a partnership in developing a treatment plan. There is need for information.

When going along the California Model Road, I need to know what

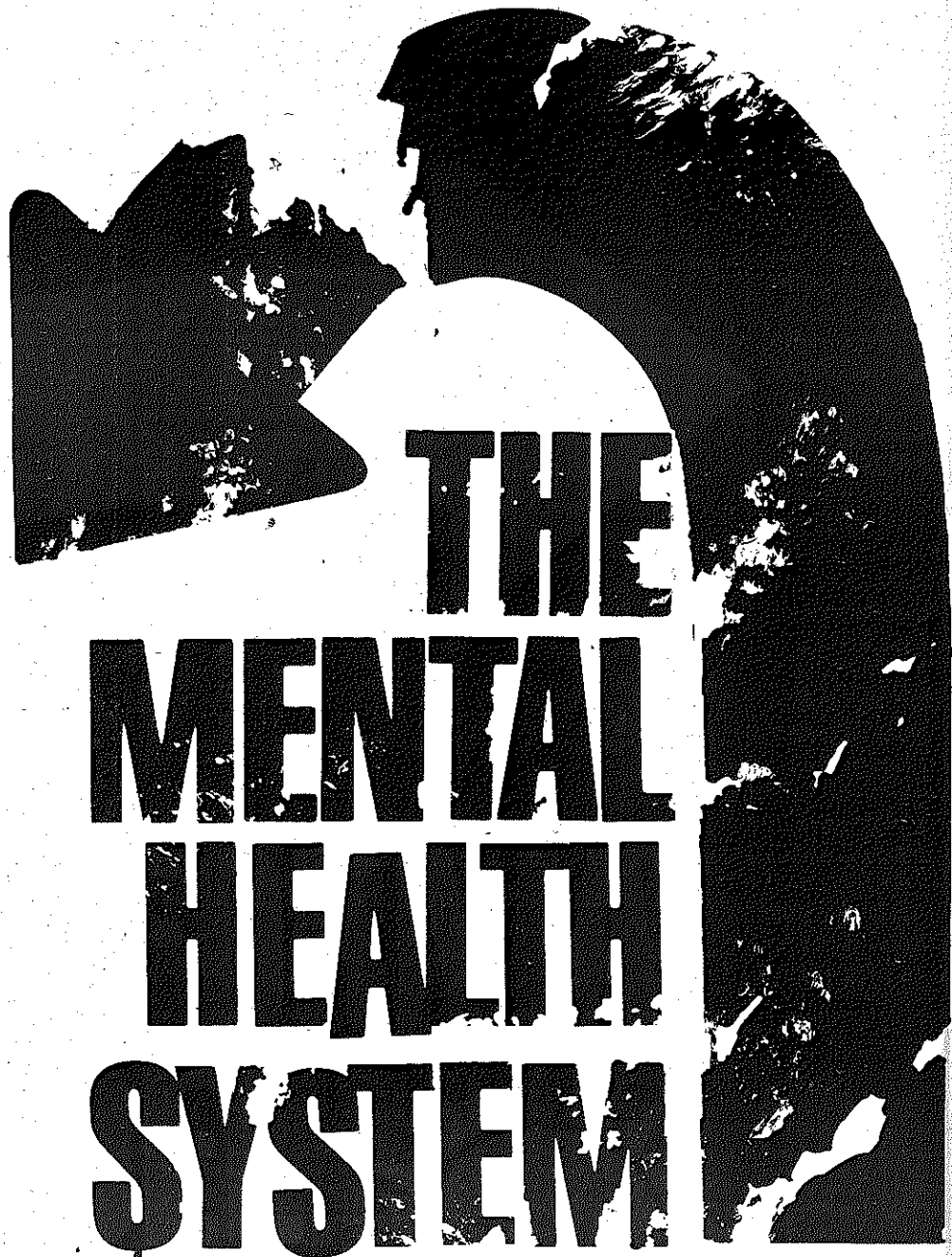
options are available for my son, in terms of financial assistance, job training and community residence. I cannot continue the frustrating experience of gradually discovering these services by trial and error, I need to be informed so I can become a more effective planner and facilitator.

Yes, I think I will work on those things that are necessary to open the California Model Road gate because it seems the best path, and when I reach my destination, I will give a little thank-you speech that will go something like this:

A family's experience with mental illness is something which often goes unexpressed in the painful, desperate search for help with seemingly unending problems. It is for this reason that I appreciate this opportunity to express the cry for help that all families coping with mental illness are experiencing.

When we can be sure that the California Model Road will stay open, our ill family members can take heart, knowing that there really is an alternative to the streets, the jails, the flophouses or even the morgue.

Virginia Wardwell has been a member of the Alliance for the Mentally Ill-Los Angeles, a support, education and advocacy group for parents of mentally ill persons, since March 1982. She belongs to the California Alliance for the Mentally Ill and is a member of the Project Return Center Organizing Committee.



In mental health discussions the term "California Model" is tossed around like a beach ball on one of the state's beaches. But what exactly is the California Model—a convertible, a sun-tanned blond or a comprehensive plan for delivery of mental health services?

The California Model is a design for the development of a community mental health program in California based on services needed per 100,000 population.

A major benefit of the model to mentally ill persons is the magnitude of the unmet need it defines, where unmet need is the difference between current resource levels and the resources needed to fully serve the needs of people in the community. "The model shows the difference between what we have and what we need," said Dr. Susan Mandel.

Mandel, director of the Pasadena Guidance Clinics and a participant in the early creation of the model, spoke about the model when she addressed a San Gabriel Valley legislative breakfast in April.

"To walk through the California Model is to picture a garden," said Mandel, "and we have only a partially-seeded lawn. In some areas the grass is growing and in others it's just sprouting; in some areas it's bare. We've used a variety of seeds, however, (state, county and contract agency programs for instance) and have different kinds of grass. But there is no lushness, no strong, stable trees, and we've been mowing the grass before it's grown," said Mandel.

As background, Mandel says, "The goal of a community mental health system was to have our patients be invisible in the community."

"In 1959 there were 37,000 people in 13 state mental hospitals. All but five have been closed and the hospital population reduced to about 5,000. And the Legislature was left wondering where the money is being spent.

"What happened instead was people became invisible to the Legislature," said Mandel. "They were spread around the community and with this lack of visibility we now can't say a given number of clients are in a certain spot and say we need this and we need that.

"We cooked our own goose in a sense," said Mandel. "Educators could go before the Legislature and talk about Average Daily Attendance; we had no formula. The model explains what happened and is a uniform method of describing a simple, basic mental health system."

"The model uses uniform language to describe the continuum of services needed for a basic mental health system," said Dr. Areta Crowell, Los Angeles County Department of Mental Health acting director of the San Fernando/Antelope Valley Region and editor of the published version of the model.

"The model is a response to criticism that we have no idea how much we spend or how much we need," said Crowell. "The model shows that we know what we need and how much it will cost and also says that it's not our fault that there is not funding for services."

"A Model for California Community Mental Health Programs" defines types of services in a systematic mental health program including minimum standards for service functions, basic need for care and categories of care.

The California Model is a design to help people at various stages of their illness move from acute intensive treatment through various non-hospital residential programs to outpatient, community support, rehabilitation and vocational programs. The journey includes psychotherapy and medication, (administered with "clear medical direction and orientation," according to the model) other outpatient services, social services and rehabilitation.

Each element in the design for care is defined, and service standards are given based on units of 100,000 people. The model was developed by a group of persons familiar with the great variety of programs designed and run in different California counties and around the nation. After the experts agreed on the range of components to be included, they then rated the amount of each they expected would be needed by the 'average' 100,000 population. They considered the number of persons they expected in need and patient flow through the system.

According to the Legislative Work Group that developed the model, "...it provides a standard of comparison for current mental health programs in each county, offers a clearly defined continuum for use in planning and identifies the types, amounts and costs of services required.

"The model will serve as both a reference point and map showing directions for care of the mentally ill in the 1980s."

The model defines the standard minimum level of service in each "model" service category, and these levels of care are linked into an interlocking system.

"The model says 'this is what you need to make it all work,'" said Mandel. "It's the best thing we've got, created with the consensus of the consumer, about what we need."

In 1981 at the American Psychiatric Association meeting, Crowell, Peter Dubois, deputy assistant director for the county Department of Mental Health, and Dr. J.R. Elpers, department director, presented a paper on the model, "Getting the Act Together."

The trio pointed out that the model emphasizes the consumer's right to the most appropriate and least restrictive types of care. "The model stressed the importance of special programs that reach the many mentally ill persons who have been denied services under the present levels of available resources," the three wrote.

With a heavy emphasis on subacute, transitional and rehabilitative services, the model works to integrate them into the full range of living situations. It adds that programs must be culturally, linguistically and age appropriate and specific to the nature of the community and the needs of the client. These should be delivered in the most humane manner, as close to a normal home environment as possible in a community-based setting, without sacrificing client safety or care.

Says Mandel, "The model is a frame work so it can be modified as needs change. This is a diverse state, and the model provides a basic skeleton that can be revised for any county. It is not a strict arithmetic formula, but a structure that allows for addition and subtraction."

"Adjustments in the model may be made to adapt to a specific population," said Crowell. "Some counties may have more or less than the average or nowhere near the 100,000 people, but with the model we are dealing with function and administration. Duties as well as functions may be combined," said Crowell. "Flexibility is there."

The model was developed at the same time funding was diminishing and, said Crowell, "was used as guidance in making program cuts which maintained a balance. We feel this was the right thing to do."

The model is useful in planning because it develops and outlines common language, reliable statewide program descriptions, improved accountability, coordination of state and local planning and identifies local differences.

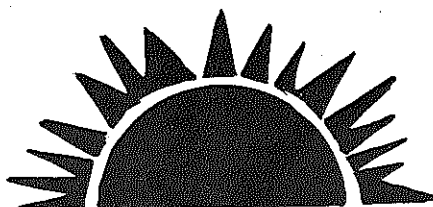
Wrote DuBois, Crowell and Elpers, "The model for California provides a rational framework for discussing the present system as well as planning for the future." They continued, "The purpose of the model is to reconcile program plans and budget levels. The model was created with special attention to process, program and audience."

"The California Model is not an expensive Cadillac," said Mandel. "It outlines the basic adequate level of services." Continuing her garden analogy, "In our garden we have cut programs before they take hold. A garden has to have some lushness and balance. For us in California, we don't have a complete garden."

To order copies of the booklet, "A Model for California Community Mental Health Programs," send a check for \$10 (\$8 each plus \$2 for tax, postage and handling) to: Mental Health Association in California 1211 H Street, Suite F Sacramento, CA 95814

GRAPHICS BY JESUS PEREZ

# THE CALIFORNIA MODEL







The American Psychiatric Association's annual meeting brought psychiatrists from around the world to the Los Angeles Convention Center, including Dr. Eng-Kung Yeh, director of Public Psychiatric Services in Taiwan; Dr. Tsung Yi Lin, professor of psychiatry, University of British Columbia, and professor emeritus of the World Federation for Mental Health; Dr. Karl Menninger, world renowned psychiatrist; Jean Lyle Menninger; Dr. Milton Miller, Coastal regional director, Los Angeles County Department of Mental Health; and Harriet Miller, director of the Junior Art Center at Barnsdall Park in Hollywood (l-r).

## CENTER CONTINUED FROM PAGE ONE

residents of Santa Monica.

Dr. Jacqueline Bouhoutsos, a psychologist in private practice in Santa Monica and a member of the Mental Health Advisory Board, said, "It's regrettable these people are stigmatized. We know from research that there is much less chance for reoccurrence when people are involved in programs such as this (Project Return).

"I am a member of the Santa Monica Chamber of Commerce and no one asked me my opinion."

Don Carlisle, Ph.D., past president of Westside and Coastal Friends, a parent support group, and UCLA professor of geology, said, "All four of our children were raised in Santa Monica. Our son, a national merit scholar, became ill while in college. Other parents have children (in the same situation). There has never been a site where they could go to socialize and be with others. Our adult children have nowhere to go and nothing to do. We need Project Return Center."

Maurice Edelstein, a Santa Monica businessman, said, "I have been a member of the chamber since 1951. I feel this is a worthwhile humanitarian project. It will be an asset to the community."

Dr. Al Smith, pastor of the First Presbyterian Church, said, "I've heard the opposition say 'not in my area'. I say it's a great project because it is on my street ... In case members of the city council have not yet read the editorial in the (Santa Monica) Outlook, it encourages support for the Project Return Center."

Dr. Dennis Wilder, executive director of The Manor, a 150-bed community care facility in Santa Monica, testified, "As a psychologist, I support the center. Programs such as this are desperately needed in the county and across the state." He

added residents from The Manor would be using the center.

A resident of The Manor said, "I ask you if you were mentally ill what would you want for your life? Vocational and rehab training—a chance for a job—we all want that. I ask you to give us a chance."

Penny Perlman spoke on behalf of the Santa Monica Planning Commission, "It required a great deal of sensitive study, and I ask you to affirm the planning commission decision. The Project Return Center does conform, uses are appropriate, and we did provide prudent requirements. The area is more dangerous to them than they to us.

"This is an appropriate land use," she concluded.

John Siegel, MHA director of community support services and co-founder of Project Return, described the center and its services.

"Project Return Center will be a rehabilitation facility where the recovering mentally ill will have an opportunity to socialize, take educational classes and receive job training," he said. "It will primarily serve the residents of the Santa Monica community and the immediate residential area. Centers are planned for other regions of Los Angeles County.

"The staff will include a full-time director, Susan Dempsay; parent and community volunteers; psychiatric/post-doctoral interns from UCLA; and graduate nursing students from California State University, Long Beach."

Richard Van Horn, MHA executive director, said, "We are going to be a responsible neighbor, because in order to succeed, Project Return Center needs to attract customers for its businesses the same way as all the other businesses in Santa Monica. We are looking forward to becoming a part of your community."

## PSYCHOLOGICAL EFFECTS OF AIDS COMBINE DEATH FEAR, ISOLATION

AIDS (Acquired Immune Deficiency Syndrome) is a disease much in the news: With all the political and religious posturing accompanying the disease, there is still the fact that it is a health care epidemic, with devastating psychological effects.

"AIDS is a savage illness," wrote Drs. Alan K. Malyon and Allan T. Pinka in "The Professional Psychologist." "It not only causes a breakdown of the body's natural immune barriers, it also has potent psychological consequences."

"A diagnosis of AIDS produces a catastrophic change," says Dr. Robert Krasnow. "The person has been given a fatal diagnosis. Possibly the person was feeling fine, and suddenly there is nothing for them; for some there is a forshadowing."

AIDS is a slow virus that destroys the body's natural ability to resist infection. Death is usually from pneumonia, cancer of the skin and mucous membranes or other infections.

There is still no cure, and there is a 80 percent mortality rate. Prevention is just beginning to be understood, and the disease has a long incubation period (18 months to several years) so a person can have the disease and never know it.

The disease was first identified among gay men. Of those who have contracted AIDS, 76 percent were gay or bisexual males. Recently there have been reports of women contracting AIDS.

"The psychological effects vary depending on the person's life circumstances," says Krasnow. "The person usually can't work and so is dependent on others. There are financial problems tied into losing a job and paying for medical care."

Persons with AIDS have problems collecting on insurance claims (some companies say the disease is "self-inflicted") and in getting disability benefits.

Some of the physical symptoms of AIDS are the disfiguring effects of skin cancer, weight loss and wasting, nightsweats, fever, diarrhea and fatigue.

"There is a loss of control of life altogether," says Krasnow. "The person is at the hands of fate and the mercy of doctors. A lot of time is spent in medical care, time going and waiting, and time is all that's left. A person with no energy, stamina and easily fatigued ends up in a waiting room."

Psychological symptoms of AIDS are depression, insomnia, decreasing self-esteem, guilt and the desire to commit suicide.

Krasnow, who runs a hospice at the Westwood Veterans Administration Hospital has seen many who wanted to kill themselves. "They want to wrest control away from the disease. They feel such great despair because the disease is so unknown.

"If an AIDS patient tells me of his plans, I know he is ambivalent, and I side with the ambivalence; I side with life."

The psychological needs of the AIDS patient are similar to those of the cancer patient. "Cancer patients are afraid to go to sleep because they think they will die; this disease is not dissimilar," says Krasnow.

"The human response to life-threatening illness is profound stress and despair," wrote Malyon and Pinka. "At some point almost every patient experiences fear, anger, confusion, uncertainty and despair."

The patient faces the fear of the unknown, the image of rapid and grotesque physical deterioration, the prospect of pain and suffering, the knowledge that loved-ones will survive and the knowledge that death will come too early.

Krasnow sees the role of the psychiatrist as one of helping the patient

cope and providing emotional support. "Hope isn't singular," says Krasnow, "everybody dies. Human suffering is tragic but not unique.

"We need to help the person die as comfortably as possible and help him use the compressed time to make the most of what's left," says Krasnow. "Patients need to come to terms with their limitations, tie up loose ends and come to terms with who they are. Self-acceptance brings greater peace."

It was not until 1973 that the APA (American Psychiatric Association) accepted homosexuality as a way of life and not an illness. "Psychiatrists involved in homophobia should not see AIDS patients," says Krasnow. "A mental health professional with anti-gay feelings should not be seeing or counseling gay patients. You don't have to be gay to relate, but gays don't like having to educate therapists."

"Many people have attributed the AIDS crisis to homosexuality," say Malyon and Pinka. "The problem is not homosexuality but a compromise of the immune system. Psychology is in a position to dispel such mistaken beliefs and help change social attitudes toward homosexuality."

Krasnow believes that psychiatrists have the same obligations to gays as physicians have; "to help people no matter what their walk of life or job. They also need to keep educated on the problem.

"Political and religious groups have used AIDS to fan the flames of homophobia," says Krasnow. "We are trying to battle that and at the same time help people."

He is incensed at the notion that some people who have contracted AIDS (children and hemophiliacs) have been described as "innocent victims" of a gay disease. "It's tragic that people get AIDS, but I don't buy that line of thinking, it implies that gay people are guilty.

"When straight people start dying and the disease happens to others, then we start to see some action; well, gay people have been dying for a long time. The implication is sad; it seems to be 'let the faggots die.'"

Psychiatrists have a role, Krasnow says, in serving as a liaison between AIDS patients and hospitals' staff and also in helping the public with its attitudes. "But I have heard some mental health professionals refer to AIDS as 'fairy fever'; that is, I think, inappropriate in professional ranks."

Treatment for AIDS patients include individual psychotherapy and counseling, group and support therapy, socialization opportunities and psychotropic medications such as antidepressants and anti-psychotics.

AIDS Project Los Angeles offers a hotline, transportation and counseling services as well as home care.

"There has not been a great response to the problem in the community," says Krasnow. "There has been little help from the county, city or psychiatric society that I'm aware of. The LASC (Los Angeles Society of Clinical Psychologists) has been supportive though."

Krasnow is a member of the board of directors of the Gay and Lesbian Service Center. He is taking part in a committee established by Supervisor Ed Edelman to investigate what is being done and what needs to be done in helping AIDS patients.

"AIDS is an illness with no medical treatment or cure," says Krasnow. "That makes psychological treatment and approaches crucial and indispensable."

For information on AIDS and services to people with AIDS, contact The AIDS Project, 937 North Cole Ave., Suite 3, Los Angeles, CA 90038. The phone number is (213) 871-1284.



Tina Shaps, M.S.W., and Carlyn Lampert, M.S.W., of the Los Angeles Free Clinic homeless youth project.

**"THROWAWAYS"**

**"PUSHOUTS"**

**"DRIFTAWAYS"**

**"RUNAWAYS"**

## YOUTH GROW OLD ON THE BOULEVARD

The phrase is "growing old on the boulevard."

A 1981 United Way study reported that there are 3,000 to 4,000 homeless youth on the streets of Hollywood. In all of Los Angeles County, there are 20 shelter beds for these young people.

"We now have kids who have been on the street for four or five years, sometimes on and off, and sometimes on all the time," said Carlyn Lampert, M.S.W.

"We see them when they are 17 or 18, but they've been on the streets since they were 12 or 13. How can you not be hard-core when you live a day to day survival?" asked Tina Shaps, M.S.W.

Lampert and Shaps run the Los Angeles Free Clinic homeless youth project. This 17-month demonstration project, offering counseling, independent living skills, job development, shelter and other services, opened its doors last October to homeless youth ages 16 to 20.

Both Lampert and Shaps reject the title "runaways" as a general description, preferring instead the term "homeless youth."

"Many people think people run away because they don't like the rules and regulations at home. I don't think we've seen one kid like that," Shaps said.

"We don't buy the concept of kids running away for freedom," said Lampert. "Something pretty bad happened to them in the past. These kids are different from the kids who have someplace to go back to."

Lampert and Shaps described four categories of homeless youth:

"throwaways"—who had been abandoned;

"pushouts"—who overtly or subtly were asked to leave their home;

"driftaways"—who never had a bond in the family, and so had nothing for which to stay; and

"runaways"—who left because the situation at home became unbearable, often involving abuse.

According to the social workers, 99 percent of the youth come from dysfunctional or abusive families.

"What we see in our project years later is often a result of abuse," said Lampert. "Practically all have suffered some kind of child abuse, whether physical, sexual, emotional or all three.

"Because these young people have grown up feeling unwanted, unworthy and fearing abandonment, the very real act of abandonment and being homeless creates a deepening of psychological or emotional scarring.

"These kids have a pervasive belief that they are the failures of the world without any real hope for being able to live responsible lives."

The primary aim of the project coincides with what Lampert and Shaps spoke of as the primary fear of homeless youth—becoming adult.

"Approaching 18 is a major traumatic time for these kids," Lampert said. "These kids feel themselves so much to be failures.

"For youth who did not get what they wanted and needed as children and who lack normal life experiences, it becomes difficult for them to assume an adult role," she said. "They don't have the knowledge of how to survive the way we know how to survive."

Lampert said the homeless youth lack what she called "everyday knowledge," such as getting along in a work place or dealing with banks, "and that terrifies them."

Among the project's services is a job development and placement program. A job developer works with the youth on job hunting skills and appropriate work attitudes, and he finds employment opportunities for them.

In the independent living part of the project, the aim is to try to find individual rooms for the youth, who cannot afford the expense of an apartment, or to match them up with persons "more mature who have more life experiences," according to Shaps.

The project has a foster family service, with a family in Malibu as its first volunteer. In this service, families will participate on a completely voluntary basis, receiving no money. The project is working to have the families licensed through the Department of Public Social Service, a procedure Shaps said takes three months.

The project has a shelter at the local YMCA, one room with two beds. It assists with "concrete services," such as obtaining birth certificates, California identification and Social Security cards, and it offers counseling services.

"A lot of our kids can't handle heavy-duty therapy, so a lot of what we do is task oriented," said Shaps, "and we slowly move into other issues.

"Most of the kids have difficulty in trusting and working with others. You don't win a person's trust overnight."

Of the young people who have been involved with the project, 70 percent are from Southern California. Shaps said the image of Hollywood as a glamorous location may draw some others to the area.

"The ones we do see that are from out of state come for beaches, nice weather and Hollywood," Shaps said. "They think 'Hollywood's the best'; when they get here they find it's not true."

Shaps suggested there may be a different kind of attraction drawing them not only to Hollywood, but also to other cities having large homeless youth populations. There has been the growth of a "sub-culture," of homeless young people, such as existed at the so-called "Hotel Hell" building in Hollywood, razed earlier this year.

"They may not come to be movie stars," she said. "They come because they know there's a band of kids here. They can hang out together and not be alone."

**The Los Angeles Free Clinic homeless youth project is located at 8455 Beverly Blvd., Suite 404, Los Angeles, CA 90048. Its phone number is (213) 653-4304.**

## SLAVKIN CONTINUED FROM PAGE ONE

lost appeals for Social Security benefits.

"The Reagan Administration's accelerated review process was supposed to rid the rolls of a great many people who didn't belong," said Slavkin. "But those of us dealing directly with the people know it has not been handled well, and the review process is damaging thousands."

Slavkin has had numerous success stories of people she's been able to help again receive SSI (Social Security Income) and SSDI (Social Security Disability Income).

In one case she helped a man who had traveled to Israel and had a breakdown. He was given a state department loan to fly home. She helped him get Social Security benefits and a waiver of the nearly \$600 loan he couldn't pay and still survive.

For another man she became his payee and kept a bank account for him so he could receive benefits (he was living on the streets and one must have an address to receive benefits). "He is now taking his medication and classes at a Mexico university," said Slavkin.

A 45-year-old woman in the review process had been denied a hearing. Both Slavkin and the woman wrote letters to the administrative law judge who granted payments until a six month review. Slavkin helped her with the review, and she now has three years before another review.

"There are things we can do," said Slavkin. "People who come here are not put out. We care about people and we try to make a referral if we can. When I help people it makes me feel special and rewarded."

"I am pleased for the most part with the people I deal with," said Slavkin, "although the red tape often makes me angry. I bite my tongue but I don't back down. I believe there is almost always a way to solve a problem. I may have to go all the way to the top but being with a Congressional office gives us some influence."

Slavkin has kept Beilenson apprais-

"People are not taken care of; there is not enough one-to-one contact or involvement on the part of mental health workers. It is not enough to be technically correct; you have to communicate to a person and want to help."

Slavkin has been Beilenson's field deputy since 1977. Her work involves a myriad of topics and issues including following some legislation, such as that dealing with SSI and immigration. She has been working with traffic plans for the Olympics and has had dealings with the Small Business Administration.

Another area of concern and work for Slavkin is with the homeless mentally ill. "They are usually too fearful to enter traditional programs and their needs are not met within the system," said Slavkin.

"They have become so visible we can't hide the problems and it should be an embarrassment to us. Why is there no help? Why are we fearful? We need to look at how the whole system works and what our role is in helping the homeless. With many people this is a lifelong problem. We have taken a short-sighted view and there is no money for start-up programs.

"The mental health system is in dire straights," said Slavkin, "and those who can offer realistic solutions, especially as they know particulars, can help."

She is optimistic to see what family members and organized family and friends groups are doing and how they have become more politically aware and effective.

"The families are carrying a tremendous, horrendous burden," said Slavkin. "They are doing more than their share in educating legislators on problems and working within the political system. They are exercising their rights and becoming politically aware, seeing legislators as human beings. Many legislators and aides know nothing about mental health issues but want to learn.

"If more politicians had psycholo-

***"Letter writing does count, and it helps to know and meet legislators before you need a favor; district offices are for the public. Working with a legislator needs to be a two-way street."***

ed of her work, and he is one of several representatives speaking out on the Social Security situation.

"People are often cut off from aid and end up back in the hospital," said Slavkin. "The system is inhumane. Putting the pieces of the puzzle together to help people shouldn't be so hard. But most agencies are understaffed and underfunded with key staff underpaid," said Slavkin.

She has a lengthy list of involvements in the mental health system. She served on the Coastal Region RCLC (Regional Community Liaison Committee) and the Mental Health Advisory Board. She is a member of the board of the Mental Health Association in Los Angeles County and most recently was appointed by Edmund Edelman to the Board of Supervisors Mental Health Task Force.

"I do have some confusion about this task force, especially since the CAO (County Administrative Officer) gave the department good marks in organization and management," said Slavkin. "As with any large department there is always room for improvement, and I am willing to help make a better department."

Her experience has shown her a less than perfect mental health system. "I have grown up in the system," says Slavkin. "There is not enough money, not enough programs and good living situations, no continuity of care and no appropriate case management.

"There is not enough care in the health care professions," said Slavkin.

gical skills and mental health advocates had political skills, how productive and effective we could all be. Most of the legislators I know are good people who want to help the community," said Slavkin.

Her advice in educating legislators and aides is "don't assume they know all about an issue or topic. Letter writing does count, and it helps to know and meet legislators before you need a favor; district offices are for the public. Working with a legislator needs to be a two-way street.

"People don't realize the power they have," said Slavkin. "They can have a great influence. Now everyone is screaming for money, mental health, education, children's concerns, all are vying for part of the same pot. If we are going to get our share, we must present our concerns factually and calmly."

With the current political fervor of election time, Slavkin cautions that one must look at voting records and support of issues in choosing a candidate.

"You have to look at a candidate's philosophy of government and it's role. What does more government mean? And what can the private sector do? Is it going to pick up more of the burden in providing services? Good government is a combination of both working together. We have to decide our priorities," said Slavkin. "Are we willing to pay more taxes to pay for more services?"



# CALENDAR

## June 1

**Pasadena Mental Health Center:** "New Trends in Mental Health," the center's eighth annual conference, will be presented from 8 a.m. to 4 p.m. at the Pasadena Center, 300 E. Green St., Pasadena. Keynote speaker Steven Shon, M.D., California Department of Mental Health clinical director, will discuss "The Changing Face of Mental Health: Its Impact on You." Fee is \$20.

Call (818) 798-0907 for information.

## June 2

**Center for Skill Development:** Gary Aplegate, Ph.D., will present "Skill Development: A New Approach to Mental Health" from 9 a.m. to 4 p.m. at the center, 15335 Morrison St., Suite 100, Sherman Oaks. The seminar is approved for continuing education credit for nurses. Fee is \$45.

Call (818) 990-1700 for information.

## June 2-3

**UCLA Extension, Eating Disorders Clinic and School of Medicine:** "Eating Disorders: Current Perspectives on Assessment and Treatment" will be presented at the UCLA Neuropsychiatric Institute auditorium, 760 Westwood Plaza, Los Angeles. Course chairperson is Joel Yager, M.D., Eating Disorders Clinic director. Continuing education credit is available for physicians. Fee is \$140 for physicians and \$75 for other professionals and the public.

Call (213) 206-8985 for information.

## June 3

**California State Psychological Association:** Continuing education workshops on "Leadership—Management Skills for Mental Health Professionals" and "Structural Diagnosis in Clinical Practice: Understanding the Difficult Patient" will be presented from 9 a.m. to 5:30 p.m. at the Beverly Hilton Hotel, 9876 Wilshire Blvd., Beverly Hills. Fee for either workshop is \$95 for CSPA members and \$105 for non-members.

Call (213) 478-5039 for information.

## June 4, 11, 18, 25

**Help Anorexia:** The South Bay self-help chapter will meet on June 4, 11, 18 and 25 at 7:30 p.m. at St. Margaret Mary Church, classrooms 5 and 6, 25429 Eshelman Ave., Lomita. Microbiologist Dr. Hans Kubler will address the speaker meeting on June 11 at 7:30 p.m. at Torrance Memorial Hospital, 3330 Comita, Torrance.

Call (213) 326-3763 from 6 to 8 p.m. for information.

## June 5, 12, 19, 26

**Forte Foundation:** A single parents support group for mothers will meet from 10 to 11:30 a.m. at 17277 Ventura Blvd., Suite 201, Encino. Fee is on an ability to pay basis.

Call (818) 788-6800 for information.

## June 5

**Duboff Center for Child Development and Educational Therapy:** "Sexual Abuse in Childhood—A Community Concern" will be presented at 7:30 p.m. at 10526 Victory Place, North Hollywood. Speakers will be Media Pritchard, Julia Ann Singer Center family stress unit; Shayla Lever, Los Angeles Unified School District child abuse recognition and elimination program; and Detective Ralph Bennett, Los Angeles Police Department sexually exploited child unit.

Call (213) 877-5678 for information.

## June 6

**Southern California Psychoanalytic Society:** "Hermen Eutics Narrative and Myth: Some Reflections on the Conception of the Clinical" will be the topic of the 8 p.m. meeting, held at 9024 Olympic Blvd., Beverly Hills.

Call (213) 655-1634 for information.

## June 6

**Countywide Interagency Committee on Mental Health:** This committee will meet at 9:30 a.m. in the Los Angeles Department of Mental Health first floor conference rooms, 2415 W. Sixth St., Los Angeles.

## June 6, 20

**Help Anorexia:** The North Hollywood/San Fernando Valley self-help chapter will meet at 7:45 p.m. at 6240 Laurel Canyon Blvd., Suite 202, North Hollywood.

Call (818) 766-5663 for information.

## June 6

**Los Angeles Superior Court Family Mediation and Conciliation Service:** A free custody options seminar for parents involved in or contemplating divorce will be offered from 7 to 9 p.m. at the Superior Court, room 241, 111 N. Hill St., Los Angeles.

Call (213) 974-5524 for information.

## June 7, 21

**Stepfamily Association of America:** A stepmothers and remarried mothers support and discussion group, led by marriage and family therapist Fran Louise Hill, will meet at 8 p.m. at 2075 Palos Verdes Drive North, Suite 218, Lomita. Fee is \$3 for members and \$5 for non-members.

Call (213) 325-3873 for information.

## Families Meetings

Alliance for the Mentally Ill (AMI) chapters for families of mentally ill persons and other family support groups will meet as follows:

**AMI Glendale** will meet on June 5 at 7 p.m. at Verdugo Mental Health Center, 417 Arden, Glendale. Caring and sharing sessions will be held each Tuesday at 6 p.m. at the center.

Call (818) 842-5378 for information.

**Pomona AMI** will meet on June 5 from 7 to 9 p.m. at Landmark Medical Center, 2030 N. Garey Ave., Pomona.

Call (818) 576-0784 for information.

**AMI Long Beach** will meet on June 6 at 7:30 p.m. at the First Church of the Brethren, 3332 Magnolia, Long Beach.

Call (213) 430-4298 for information.

**AMI Van Nuys** will meet on June 6, 13, 20 and 27 at 8 p.m. at San Fernando Valley Community Mental Health Center, 6740 Kester Ave., Van Nuys. Dr. Roger Farr of the Los Angeles County Department of Mental Health will speak to the group on June 13.

Call (818) 988-8050 for information.

**Rio Hondo Mental Health Services** relatives group will meet on June 7, 14, 21 and 28 from 6 to 7:30 p.m. at 12000 E. Firestone, Norwalk.

Call (213) 864-2751 for information.

**AMI San Gabriel Valley** will meet on June 8 at 7:30 p.m. at San Marino Community Church, 1750 Virginia Road, San Marino. Kallan Basquin, L.C.S.W., director of social services and family therapy at Las Encinas Hospital in Pasadena, will speak on "Gesture of Balance—A Holistic Approach to Suffering."

Call (818) 797-3562 for information.

**AMI Norwalk** will meet on June 12 from 7 to 9 p.m. at the Norwalk-La Mirada Unified School District administration building, 12820 S. Pioneer Blvd., Norwalk. John Mills of Planned Protective Services will discuss how to provide for a mentally ill relative after the parents' deaths.

Call (213) 864-4412 for information.

**Relatives and Friends of the Mentally Ill** will meet on June 13 and 27 at 5:30 p.m. at Augustus F. Hawkins Mental Health Center, room 1119, 1720 E. 120th St., Los Angeles.

Call (213) 321-3799 for information.

**Beach Cities AMI** will meet on June 13 from 10 a.m. to noon at the South Bay Office of Mental Health Social Services, 19000 Hawthorne Blvd., Suite 302, Torrance.

Call (213) 772-2188 for information.

**AMI Los Angeles** will meet on June 14 at 7:30 p.m. at Thaliens Community Mental Health Center, 8730 Alden Drive, Los Angeles. "SSI—The Passport to Community Living" will be the topic.

**South Bay AMI** will meet on June 18 at 7 p.m. at Torrance First Christian Church, 2930 El Dorado, Torrance.

**Westside and Coastal Friends** will meet on June 21 at 7:30 p.m. at the Brentwood Veterans Administration Medical Center theater, building 211, 11301 Wilshire Blvd., Los Angeles.

Call (213) 472-0834 for information.

**AMI East San Gabriel Valley** will meet on June 28 at 7:30 p.m. Christopher Fierro of the Los Angeles County Public Guardian's Office will speak on "Conservatorship."

Call (818) 337-7439 for location.

## June 7

**Region G, National Association of Social Workers:** Region G will meet at 6:30 p.m. at Union Federal Savings and Loan, 13300 Ventura Blvd., Sherman Oaks. The program will focus on issues of concern for the upcoming delegate assembly by Suzanne Dworak-Peck, M.S.W., and Mary Horn, M.S.W.; a capsule review of the past year; and plans for 1984-85.

Call (818) 789-0043 for information.

## June 7, 14, 21, 28

**Westminster Center for Personal Development:** A continuing stress management group with emphasis on communication and relaxation skills will meet from 7 to 9 p.m. at the center, 867 E. Atchison St., Pasadena. Fee is \$60 per month.

Call (818) 798-0915 for information.

## June 8-10

**Los Angeles Group Psychotherapy Society:** "The Buck Stops Here: Pressures on the Group Therapist," a weekend conference, will be held at the University of California Conference Center at Lake Arrowhead. Featured speaker will be H. Ted Reid, M.D., from Arizona.

Call Elaine Leader, Ph.D., at (213) 271-9111 or Elinor Grayer, Ph.D., at (213) 788-6113 for information.

## June 9

**Hollywood Human Services and Hollywood Mental Health Task Force:** "A Hollywood Affair," a community information fair on human services in Hollywood, will be held at Blessed Sacrament Church, 6657 Sunset Blvd., Hollywood. Social service, health and mental health agencies will have booths with literature.

Call (213) 467-3605 for information.

## June 9

**Portals House:** The SOS Dance, open to mental health consumers, will be held from 6 to 9 p.m. at Wilshire Christian Church, 634 S. Normandie, Los Angeles. Admission is 25 cents.

Call (213) 386-5393 for information.

## June 10

**Southeast Region, Los Angeles County Department of Mental Health:** "Rape and Sexual Assault," with speaker Charles Glenn of Parents United, will be the topic of the "A Healthy Mind: For You and Your Family" radio call-in talk show. Hosted by Julius I. Fuller, M.S.W., the show will air from 9 to 10 p.m. on KACE, 103.9 FM.

## June 11, 18

**Manos de Esperanza:** "Psychodrama: Theory and Practice," a two-part program, will be presented in Spanish by Dr. Manuel Barrientos, psychology and pharmacology professor at Rafael Landivas University in Guatemala. The sessions will be held from 10:30 a.m. to noon at 6740 Kester Ave., Van Nuys.

Call (818) 988-8050 for information.

## June 12

**San Fernando Valley Child Guidance Clinic:** "Systematic Training for Effective Parenting," an eight-week workshop for parents on improving communication skills with their children, will be presented from 6 to 7:30 p.m. at 9650 Zelzah Ave., Northridge. Cost is \$50 for one parent and \$60 for two parents.

Call (818) 993-9311 for information.

## June 15-16

**Southern California Association for the Education of Young Children:** The Los Angeles Fatherhood Forum will begin at 7:30 p.m. on June 15 at the Miramar Sheraton Hotel, 101 Wilshire Blvd., Santa Monica, with a "Celebration of Fatherhood," honoring famous fathers and featuring keynote speaker Warren Farrell, Ph.D., author of *The Liberated Man*. Saturday's session, held from 9 a.m. to 4:30 p.m. at Santa Monica College, 1901 Pico, Santa Monica, will have 35 workshops. Fees are \$15 for Friday and \$25 for Saturday.

Call (213) 376-8087 for information.

## June 21

**Hollywood Mental Health Task Force:** "Social and Mental Health Issues in the Hispanic Community/Gang Behavior" will be discussed at the free noon meeting, held in the Hollywood Presbyterian Church reception room, 1760 N. Gower Ave., Hollywood.

Call (213) 467-3605 for information.

## RCLC

The Regional Community Liaison Committees (RCLCs), the citizens groups providing input to the Los Angeles County Department of Mental Health regions, will meet as follows:

**San Fernando/Antelope Valley Region RCLC** will meet on June 8 at 9:30 a.m. at Verdugo Mental Health Center, 417 Arden, Glendale.

Call (818) 508-7800 for information.

**San Gabriel Valley Region RCLC** will meet on June 12 at 5:30 p.m. at Arcadia Mental Health Center, 330 E. Live Oak, Arcadia.

Call (818) 960-6411 for information.

**Coastal Region RCLC** will meet on June 14 at 6:45 p.m. at Harbor-UCLA Medical Center, conference room eight-east, 1000 W. Carson St., Torrance.

Call (213) 533-3154 for information.

**Central Region RCLC** will meet on June 20 at 7:30 p.m. at the LAC/USC Medical Center Psychiatric Hospital, room 2C18, 1934 Hospital Place, Los Angeles.

Call (213) 226-5726 for information.

**Southeast Region RCLC** will meet on June 21 at 1:30 p.m. at Compton Mental Health Center, 1600 E. Compton Blvd., Compton.

Call (213) 603-4884 for information.

## June 24

**Los Angeles Commission on Assaults Against Women:** A free self-defense workshop designed to teach women to psychologically and physically deal with sexual assault will be offered from 1 to 5 p.m. at the YWCA, 574 Hilgard Ave., Westwood. Pre-registration is necessary.

Call (213) 651-3147 for information.

## June 27

**Anorexia Nervosa and Associated Disorders:** This self-help group for persons with eating disorders will meet at 8 p.m. at 18345 Ventura Blvd., Suite 414, Tarzana.

Call Suzy Green, Ph.D., at (818) 343-9105 for information.

## June 28

**Mental Health Advisory Board:** This board, an advisory group to the Los Angeles County Board of Supervisors, will meet at noon at the Hall of Administration, room 739, 500 W. Temple St., Los Angeles.

Call (213) 738-4772 for information.

## Recovery Inc.

**Recovery Inc.,** a self-help association of nervous and former mental patients, will hold free weekly meetings in most areas of the county. For a meeting list, call (213) 651-2170. In the West Los Angeles/Santa Monica area, meetings will be held as follows:

Mondays at 10 a.m. at the Unitarian Church, 1260 18th St., Santa Monica.

Mondays at 7:30 p.m. at the Bay Cities Jewish Center, 2601 Santa Monica Blvd., Santa Monica.

Tuesdays at 7:30 p.m. at Temple Isaiah, 10345 W. Pico, West Los Angeles.

Wednesdays at 7 p.m. at the Friends Meeting House, 1440 Harvard St., Santa Monica.

Thursdays at 7:15 p.m. at Regis House, 11346 Iowa, West Los Angeles.

## CONNECTIONS

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**Published by the Mental Health Association in Los Angeles County**

The Mental Health Association in Los Angeles County is a non-profit, voluntary organization dedicated to the promotion of mental health, prevention of mental illness and the improved care and treatment of the mentally ill. (213) 629-1527.

**Executive Director:** Richard Van Horn

Copy for *Connections* should reach the newspaper by the 10th of the month prior to publication.

**Postmaster:** Send address changes to: 930 Georgia St., Los Angeles, CA 90015