Dolores Encinas talks about developing an education panel and presenting with NAMI…

And then locally, one of the things I did was develop an education panel, and somebody trained us. We had a Skid Row nurse, also a…wonderful woman who taught us a lot. She would not only do the group thing, but she would take thirty minutes to talk about a particular topic and then educated us about that. And then have so many minutes on that subject and other people with their issues would come up and ask questions, so we learned. We learned a lot from the professionals...Somebody trained us. I don't know whether it was her or who, and I developed a list of questions – "What do you like most about your psychiatrist? What is the worst thing that the psychiatrists do?" And we presented that to the psychologist.

And I remember when we went to San Francisco one time and presented it at some psychology meeting... But it was a lot of fun because we kind of got to educate them on it. In fact, we did a video on—we met at the jail and did a video on the families…It was to be distributed to all police chiefs, it was to be used in the post training for law enforcement. And it was our—I can't remember the question, but our best experience with law enforcement and our worst experience and a few other things. And that was good because they wanted to hear.

I can remember I was on the panel at Pacific [Clinics]. I was on the committee at Pacific Clinic for the MILES Conference – it's Mental Illness Law Enforcement Systems, I think it is. And we present, once a year, a training, half-day training. It starts at 7:30 in the morning, to law enforcement – mostly law enforcement, some mental health folks. And I can remember the first one we did, we set up almost all law enforcement and very few mental health people because we didn't want them to feel overpowered. They didn't want to hear this stuff about all these things they did wrong, so that helped them. That helped them. That thing is still going on.

We took our panel to the [police] academy and did law enforcements. We did our panel over there for the new guys coming in, and then we did some other things with them too…They had lots of questions.

And we went to colleges. I got one of my twins to go to one of the colleges, local colleges…I got a call from a Dr. Bailey from Santa Monica College, some college over there, and he said, "[I] wanted to know if you could help me. I've got big money to train the El Monte Police Department." So, I went to Chris [Amenson], I said, "Sure." And he says, "We'll pay the clients money." And I thought, "Wow, this is great. They'd love that."…

And we'd take this panel over when he needed me because he did it to every series of cops—section of cops. And that was great. That was really great. And one of the black kids said, he says, "They hassle me all the time." He says – again, I made up a list of questions – "And they're always stopping me for no reason." It's because he's black and lives in El Monte and so on. And it really educated them [the police officers].

…It was just wonderful because…I thought you were doing something important.

READ THE FULL TRANSCRIPT BELOW.

INTERVIEWEE: DOLORES ENCINAS

INTERVIEWER: Troy Gabrielson

DATE: February 22, 2010

I. Childhood; Sons' Hospitalizations; Other Experience with Mental Illness; NAMI Involvement; Education and Stigma; Presentations to Law Enforcement

TG: Okay, good morning.

DE: Morning.

TG: This is Troy Gabrielson, and I'm here with Dolores Encinas in her home on February 22, 2010, doing her interview for the DMH Archive. To start, I would like you to just tell me a little bit about your background – where you grew up and went to school, what the circumstances were that led you to getting involved in mental health.

DE: I'm from Columbia, Missouri, Hallsville, Missouri – basically lived in Missouri and Iowa all my life. I came out here and married my husband, and he happens to be Mexican-American, so I guess that is one of the reasons I got involved in minority outreach. We went to the University of Missouri, didn't graduate, and then out here I went to junior colleges a lot just to do this and that, different things. I'm a big reader and like school. I don't like it anymore. But I did a long time ago.

Basically, I was one of four daughters and we had no sons in the family and so my father had a tendency to raise us kind of like boys in a sense. He taught us to learn how to solve our own problems, to be independent as much as we could. No prejudices were allowed. There really was no drinking or smoking in the house. My parents weren't super strict, but we just grew up kind of independent – quiet, but independent. And it wasn't until—well I joined some groups back there but it wasn't until we had the twins. We had one daughter and then five years later we had a set of twins in1960, and very normal great kids, good size for twins. And it was—I mean, they were planned. It was expected.

We weren't expecting twins, but that was what got me in the mental health field because when they turned seventeen, they were in football, very popular students, active, good students. And they got real quiet, and we knew something was wrong – we didn't know what. And I saw Robert one time sitting at the table. They went to Catholic schools for a while so they had lots of homework usually and didn't get the best education in the private schools because they were so crowded.

But to make a long story short, he was sitting at the table – came home early one day and was sitting at the table and had his head in his hands and I said, "Robert, what's the matter?" And he said, "Oh, I just can't think straight. There is something wrong with my head." He said, "If I walked out of my classroom and someone said, 'Where do you live?' I wouldn't know what to tell them." And I'm going (she gasps), "Wow, what's wrong here?" And he asked a lot of questions about God and this and that, and it made me very, very suspicious. So, I happened to be going to the local Citrus College at the time and asked my teacher where I could get help for him, and within a month he was diagnosed, tested and his brother too, by a psychologist and determined they were latent schizophrenic, and let's see, and both needed to be hospitalized.

So for the next six months both of them spent time in a small private psych hospital in the area actually. So, that was kind of the beginning and the beginning of telling us about mental illness, attending groups and everything. Richard wanted to—his twin brother – there is Richard and Robert – wanted to complete high school, wanted to complete the football season and go to the football banquet. He was a little bit better player than his brother. And so he followed Robert in, three weeks later or something because that day that I took Robert, he came home at noon, and he stood in the driveway when we were leaving and he said, "But Momma, what about me, what about me?" And then he started telling me things about the microphone, the microchip in his teeth that taught him how to play a great basketball game. He didn't play basketball. He wasn't a basketball player. And so he was tested and put in the hospital too. And they got their education there. So, that's what got me started.

And so, I looked around for help and there wasn't any groups or anything. And then I found out about NAMI [National Alliance on Mental Illness, a large family advocacy organization for the mentally ill] and we had a group going at one of the local hospitals. It wasn't a NAMI group yet, but it got started. So, I started going. And so I was active in the creation of the first NAMI East San Gabriel Valley, it's called out here. I think I was their secretary. And [I] just got involved because we didn't know anything about mental illness. We didn't know anybody that had it. It was a shock to us. We just didn't know what was going on.

So, that started us, teaching classes, and then there was a psychologist – Dr. Chris Amenson – at Pacific Clinics [a prominent, private mental health service provider]. We're the largest mental health clinic in Southern California, and they had a class on *How to Thrive and Survive with a Mentally Ill Relative*, and so I went to—I took my husband to the classes because by that time I thought, I know everything about mental illness, he doesn't, I'll take him because we had serious management problems because he comes from a nice Mexican-American, quiet, peaceful family and I came from a family that if my sisters and I argued about something, we argued. The next day we were friends again, but we tried to talk things out. And we learned a lot there. It changed my attitude. They say in every family there's hard nose and a marshmallow. And I was the hard nose. And like I say, his family was very sweet, quiet, didn't raise their voice. And so we really disagreed on what we do with these kids. And I learned so much at that class. Dr. Chris Amenson stood up and talked about what it was like to be schizophrenic. How I could see you looking one way and if—if I were schizophrenic you'd be wearing a brown suit and different colors and the background noises, the video playing, the air conditioner noise – all of that was bombarding their brain and that he taught me to kind of understand that. So, I softened up and then he had some after classes where they talked about the illness and solving problems and everything. And we went to those and it made a big difference.

TG: Yeah. So, that was after your sons were hospitalized that you started going?

DE: Oh, yeah. Much, much later, yeah. I can't remember. I'm bad with years, really bad, but Pacific Clinics, a couple years later – I can't remember when, asked me to be on the Board of Directors in Pasadena and I was just thrilled to death, honored, and said, "Yes," and I've been sitting on it on and off ever since. In fact, this year I finally told her—Susan Mandel runs that clinic [Dr. Susan Mandel, President and CEO of Pacific Clinics since 1980]. And I told her, “I need to get off this board.” I’ve been on a long time. And I’m real good at finding other people to step in and I’m real good at getting minorities involved. So, I’ve helped her that way and other ways. But done a lot of panels and everything. So it’s been a challenge.

TG: Yeah. To go back for a minute – can you talk a little bit about the decision to have your sons hospitalized?

DE: For us it was easy. We didn’t know anything about the illness and that’s what the professionals were recommending and in those days you usually—you didn’t argue with the professionals, you know? It wasn’t until later that I would speak up about things. But I had to have a little therapy myself before I learned that it was really okay to stand up and say what I thought. I mean, daddy helped us with that but the family was still kind of the old pioneer, kind of quiet in their own ways.

TG: So, it took some time to learn that that was okay?

DE: Yeah. Oh yeah, to tell about your troubles. Well, and like with the stigma attached to mental illness, people didn’t talk about it. I remember talking on the phone with my sister—I have the sisters. And we were real close. We were real close. They are dead now, two of them are. And we have a son that’s gay – the baby – and she said, “Well, Dolores, it doesn’t have to be a problem.” And I said, “Roberta, it’s not a problem with us.” This is not a problem, you know? I mean, after you deal with schizophrenia, not many other things are a problem.

TG: Right. It changes your perspective a little bit.

DE: Yes, it certainly does.

TG: Sure. Tell me a little bit about the work you were doing with NAMI when you first were getting involved. What was that like? What were you doing?

DE: Well, I was one of their Presidents in the local group. And I held other positions in the local group. And would organize things like health fairs, and it was just like, “Oh, well let’s do this,” and schedule, like, seventeen people to work one weekend at some big health fair. And I said to the president of NAMI L.A. County, I said, “Well, I could probably use a little help with different things.” And he said, “Well Dolores, we are fairly new in this and you are on your own.” And so, I mean, I could maybe get some copies from someone or some information. But we had it scheduled for three days and we did it. I can’t remember the name of it but it was over in some big hotel in the hills up here, and there was huge crowds.

But like I say, a lot of people if you mention the word “mental illness” and they—but there are always some people that are interested. We still do health fairs. And then for years, I—after I got involved in the national office, the Latino groups had huge health fairs every year, not health fairs – conferences every year. Rodriguez is his name [Ambrose Rodriquez, founder and President of Latino Behavioral Health Institute]. He would do them every year, Latino Mental and Behavioral Health, I think it is called [Latino Behavioral Health Institute, an organization providing training and education for people in behavioral health who work with Latinos].

And [NAMI] National would give me some money to stock the booth, and I ran the booth for several years. And that was a lot of fun because you meet lots of people. And you hand out lots of information about NAMI. In fact, when I was a delegate for the Hispanic something-or-other in D.C. one time, the group was—all these people were professionals and really sharp. I sat next to this guy from New Mexico and I finally said to him—I watched him. There was a group and the facilitator was having some difficulty with some things and this guy assisted him, and he really knew his stuff. So, the next time we got together – at certain meetings we'd be all together – I said, "Why don't you run for the National board? You'd really be good." And I'll be darned. I kept in touch with him for a couple of years and he ended up Vice President of the National board. So, we had a Hispanic on the National Board, which was important to me. They need to be represented.

TG: Right, right.

DE: And, let's see. I'd better stop there. But we did a lot of the health fairs. I got involved in the L.A. County NAMI. We have – what? – we probably have what seventeen affiliates in L.A. County, different NAMI groups throughout the county. And I started organizing some Latino groups. I got a little group together and they all—I don't speak Spanish. But they did and I conned my husband into participating and we drove over to, like, San Fernando Valley or somewhere, and we would model a support group. We did different things. I can't remember all the details, but first – one time we got great help from some staff member here and he asked all the clients to come to a meeting and he sent out letters and everything. And first we met with the clients and asked—told them about NAMI and that it was there to help their parents understand them and their illness, and it would make their lives better. And so most of them said, "Yes." And so then we came back and did this—the clinic did this letter again and we started a group. They—another president nearby—I would always contact a local president in the area who maybe—and he said, "Oh, I'll bring the refreshments. I'll do whatever I can to help." Because when I was on the National board there were sometimes issues about this is my area and this is your area. You don't encroach on my area.

TG: Yeah, kind of territorial.

DE: Yeah. We've never been that way. And so we started some groups which was, I think, really helpful.

TG: When you were doing the Latino meetings, how did people receive that? I mean, from what you said, it sounds like it went well.

DE: It did.

TG: How did people respond to that?

DE: They didn't understand at first. And we had material, and some of us—I especially knew resources for them, so it worked. It just worked. So that was a lot of fun because people would call me and say, "How do you start a NAMI group?" And I had bylaws, copies of bylaws and all kinds of stuff. That you'd meet them for lunch somewhere and consult with them and before you knew it, they had a group going on their own. Social workers were good at it. I remember one time when I was doing local stuff – Elsie Redline [founding president of NAMI East San Gabriel Valley] was the leader – and we noticed that when people wanted to ask questions about conservatorships, they were always told, "You have to get a lawyer." The social workers would tell them that. And we noticed that sometimes the social workers didn't know what they were talking about.

So, we made appointments with all the local clinics' social workers and asked if we could have like fifteen minutes of their staff time. And Elsie and I went in and talked about NAMI. And [talked about] how we could help make their lives easier by educating the families. Because in those days, [it was believed that] families caused this illness.

TG: Right.

DE: Lots of times, and you just, [common practice was] you protected the client against the family.

TG: The schizophrenogenic mother [the term, used heavily in the 1960's and 1970's, for mothers who had supposedly caused schizophrenia in their children].

DE: Yes, right, right. So we were trying to break that stigma and change things a little bit. When you educate the families, they're on their way. I have people call me and say their son is hospitalized here and there and "I can hardly take him back home. I want to. But he is so disruptive and stuff." And so we tell them, "You go into the—you get an appointment with the social worker. You are part—you are supposed to be part of the treatment team." Most of them don't know that. Most doctors don't know that. And make an appointment and you go in and have your son there and you have a list of how you want—things you want him to do. "Take your medication. Don't stay out all night," whatever. And then talk to him about it and see what agreements you can come to. Sometimes it worked. One woman had this long list – "Mow the lawn, wash the car." The kid was in bad shape. He couldn't do those things, and the social worker just told him. He can't do all that stuff, and she understood then. But sometimes it doesn't work. Some of them don't know anything about that. So, if they don't come to the group I don't think they learn. Unless they are really—I have one gal that's coming now—she's a surgical nurse and she's really bright. [She] has a fifteen year old kid with, oh, I think he has real bad ADHD. The head man in that field said, "It's the worst I've ever seen." But he also is bipolar I think or bipolar or something. And she's very well educated, but she's coming and now she's bringing her husband. And she's learning a few things. She really is. So that makes you feel good.

TG: Yeah, sure.

DE: My husband is sometimes—his mother didn't hardly—she didn't join anything. She stayed at home. He had a little trouble with that. With me understanding—understanding me—that I was going to do all those things. So when I was first asked to be on the State Board, [he said,] "Oh no, you can't do that because you had to fly to Sacramento and do this and that." I said, "Well, I'm going to." And then when it came to National and you had to do it every two or three, three or four months and for the whole weekend – "Don't do that." Well, I did it anyway. And I enjoyed it. I think they were way over my head, but I still enjoyed it. And I liked reminding him that we had more people than most of their whole East Coast had.

TG: Yeah. You learned a lot, I'm sure.

DE: Yeah, I did. And the nice thing about learning was with Pacific Clinics, they let me attend training sessions for their staff.

TG: Oh, wow.

DE: So they'd fly out some gal from Georgia and she was talking about getting clients back to work, and she talked about how she personally found jobs for the clients and stuff. And it was just fascinating. It made you realize that nowadays the client doesn't have to go home and stay in the back bedroom. He can have a certain amount of recovery and his life doesn't have to be all that bad.

TG: Right.

DE: I mean, I know there are different classes of the illness – stages and stuff. But there are some who can really do well.

TG: Yeah. And on the parent end – on the NAMI end – I imagine that being able to get that experience at the clinic helped what you were doing with NAMI for your understanding of how the system was working.

DE: Yeah. And then locally, one of the things I did was develop an education panel, and somebody trained us. We had a Skid Row nurse, also a psychologist – not a psychologist – but something, wonderful woman who taught us a lot. She would not only do the group thing, but she would take thirty minutes to talk about a particular topic and then educated us about that. And then have so many minutes on that subject and other people with their issues would come up and ask questions, so we learned. We learned a lot from the professionals. But we got to the point where, with this education group – education panel I had. Somebody trained us. I don't know whether it was her or who, and I developed a list of questions – "What do you like most about your psychiatrist? What is the worst thing that the psychiatrists do?" And we presented that to the psychologist.

And I remember when we went to San Francisco one time and presented it at some psychology meeting or something. But it was a lot of fun because we kind of got to educate them on it. In fact, we did a video on—we met at the jail and did a video on the families—now what was it? It was to be distributed to all police chiefs, it was to be used in the post training for law enforcement. And it was our—I can't remember the question, but our best experience with law enforcement and our worst experience and a few other things. And that was good because they wanted to hear.

I can remember I was on the panel at Pacific [Clinics]—I was on the committee at Pacific Clinic for the MILES Conference – it's Mental Illness Law Enforcement Systems, I think it is. And we present, once a year, a training, half-day training. It starts at 7:30 in the morning, to law enforcement, mostly law enforcement, some mental health folks. And I can remember the first one we did, we set up almost all law enforcement and very few mental health people because we didn't want them to feel overpowered—they didn't want to hear this stuff about all these things they did wrong, so that helped them. That helped them. That thing is still going on.

We took our panel to the [police] academy and did law enforcements. We did our panel over there for the new guys coming in, and then we did some other things with them too. I can't remember. They had lots of questions.

And we went to colleges. I got one of my twins to go to one of the colleges, local colleges and he—he has allergies and he was up there (sniffing) all the time. And when cops said to him, "Do you do drugs and coke and stuff?" Because he said, "I see you sniffing all the time." And the kid told him, "No, I have real bad allergies." He did that. In fact, the other twin had kind of an asthma thing. As a kid, he always had to see a doctor about his bronchial asthma or something. But they would—we made sure that they—I got a call from a Dr. Bailey from Santa Monica College, some college over there, and he said, "[I] wanted to know if you could help me. I've got big money to train the El Monte Police Department." So, I went to Chris, I said, "Sure." And he says, "We'll pay the clients money." And I thought, "Wow, this is great. They'd love that." And I always mixed it up – brown people, African-American, [but] rarely, rarely got Asian in there.

And we'd take this panel over when he needed me because he did it to every series of cops—section of cops. And that was great. That was really great. And one of the black kids said, he says, "They hassle me all the time." He says – again, I made up a list of questions – "and they're always stopping me for no reason." It's because he's black and lives in El Monte and so on. And it really educated them. And my sons belonged to AA because they were big marijuana smokers. And they said, "Yeah," he says, "Yeah, in AA everybody who comes in is an ex-Navy Seal." And they all just roared in laughter because I guess a lot of guys claim they are Navy Seals. My son would come to me and tell me and I'd check him out on the computer and say, "Yes he was or no, he wasn't."

But they loved doing it, and I think I gave them each forty dollars. I think that's what I gave each one of them. Because he gave me a certain amount of money and each one of them got money, and they loved it because they got money. And Chris Amonson gave me all his lecture stuff on law enforcement training and I shared it with Bailey, and he got the van to take them all over there. I was on the Board, so they couldn't say no (TG chuckles). And pick them up and everything, so it was great. It was just wonderful because you were doing—I thought you were doing something important.

TG: Yeah. And it sounds like what the police officers at the training were getting went beyond just mental illness.

DE: Yeah. And it was just great. [I] really enjoyed it. And the video we did at the jail, it went to all the police chiefs in the town. And then one time we did a video for all the psychiatrists at their convention in New York one year. And that was really good. We've done a number of those kind of things because I could always call somebody and they'd agree to do it. If they wanted a video on depression, I knew enough people who would do it.

So, that was just wonderful. And like I say, once you get your name out there, they call you and ask for help, or do this and that. I remember the first time some gal on the National board called me – the president – Johnson, the President of NAMI National. His wife, she had a Mexican name—she called me and asked me if I would provide a panel for San Francisco NAMI conference and I said, "Sure" (makes a face expressing uncertainty about whether she could do this). And I got the head of the Department of Mental Health, Roberto Quiroz [Director of DMH, 1985-1991]. He was a twin. And I loved him. I got him to do it and Baldosi or something from Washington, who I probably met at something. He did it. And it was [a] very impressive group.

My problem was carrying all my notes and things, brief cases filled with NAMI stuff – paper – is heavy. But they all did it. They all said, "Yes." And I just was so pleased with the group. It was fun. It was just a lot of fun. For me, I got my highs from seeing that happen, seeing those people shine and learn, so my—I think I wrote it down – minority outreach, education, and law enforcement were kind of the things I keyed on and that's why I got elected local to the State Board. And then I think I was on the State Board and the National Board at the same time for a while. And working with the department was great.

Stella March was my mentor and she just grabbed onto me and tried to educate me. [Stella March was one of the founders of NAMI Los Angeles and a prominent activist in the national organization.] And that was great. It got me through because she was always up on the legislative part and everything. So, I was able to do those things. It was wonderful. And now with the NAMI Walk we have some money, so we can do a little more things – print out more material for the families and do more health fairs, and we just started a second support group in another town. And I had a gal call me and say, "I want to do a Spanish family-to-family class in El Monte. Can you find me a place?" Well, I had the connections with Pacific Clinic, so I could find her a place. So, that meant 25 Hispanic family members got to go to the training and got some education about it. And to me, that's so important. Because of their background and the Italians and a lot of them [believe] "keep the kid home. Don't say anything, pamper the kid, never throw him out of the house." And we had a problem with that because sometimes you are going to get old, and what are you going to do with the kids?

And so it was—and right now we have programs that will—it is called FSP – Family—

TG: Are you talking about Full Service Partnership [one type of program funded by the Mental Health Services Act]?

DE: Yeah, yeah, we have that to offer and it is so wonderful to have that. And I'll get a speaker to come in and talk about it, and then at our support groups we have the pamphlets, and I have a number of families in that group. One of them just left, but that works. And even people that don't know me call. And I can tell them about it. And now we have the day program – transitional-age youth and I went to their open house and I've been there two or three times and it's just—oh, it's wonderful. They go—we go to Pomona to the parks and talk to those kids who are homeless, living at the park. And just approach them and tell them we have a place to stay for them and maybe we have to put them in a motel, but eventually we'll find them a place. And we've gotten a lot of them back in school.

I was there one day when I saw a cab drive up, dropped off a heavy-set Hispanic gal. I was there one other day and this girl and her boyfriend had a baby there. If we can offer those kinds of things and educate, we can get them, maybe, back on track. To me, that's just wonderful. Yeah, it's just exciting and my husband says, "Well now you have to—" I've done everything else so now he says, "Now you have to be our research person, or resource, because you can tell people, you need to tell all these other people where it is." And I did that the last couple of years because I was getting their speakers for them. But, if you go, if you get around like to LA, and you get out there, you hear those good speakers and you learn. I have the first NAMI on-campus program in California at—what is it? The junior college here, the Mexican group?

TG: Around here?

DE: Not Reohondo.

TG: I'm not sure.

DE: Isn't that terrible? East L.A. JC.

TG: Okay.

DE: East L.A. And guess who runs it? A Chinese girl.

TG: Yeah.

DE: Yeah, but she's wonderful and she's one of those people who goes to things, so she gets to know people and gets around, and that's just wonderful. In fact, one time, I had the people from an author from the East Coast call me and say, "We need your help. We're doing a book called *Nothing to Hide* [*Nothing to Hide: Mental Illness in the Family*, 2002, by Jean J. Beard and Peggy Gillespie] and I need—I want to know if you can help us by setting up interviews with minority clients in California. I want Chinese, Blacks, Hispanics, [and] American Indian," and I said, [uncertainly] "Sure, I'll try." And I was able to do it. In fact, my twins are in there. Well, one of my twins.

I have one twin who's married fifteen years, has two children, married to a very well to do woman much younger than him. And his community doesn't know he's ill. See, when he was married, I think he was working at River Community up in the mountains – and he loves the mountains and the outdoors. He's a hiker and a camper. So if he's gone at night or gone at day, they figured he's working, see? And then later on he became Mr. Mom when they had the children. They weren't going to have any children. She wanted a career, and that's why she married somebody like Richard – big, handsome, but not interested in—couldn't handle the work force, except for this program, where he could handle anything. Even getting baby rattle snakes off of clients' feet.

But one of them did that for five years, one of them did it for two. He's more anxious and can't handle as many things as the other one. So he didn't participate in the pictures. But that was fun because it built the esteem of the people who did it. And they just—it made them important. And I thought that was wonderful. I couldn't get an Indian-American. They wouldn't help me at all, and I kept bugging them, but they [said], "Forget it. We're not doing that."

But it was exciting, and I was in Arizona one month and I saw in the newspaper that Glendale Library around Phoenix was doing a display. They had a speaker on bipolar illness – a psychiatrist – and they had a display. So we went in and saw the display – 8 x 10 pictures under glass, and there we were. So that was exciting. And they sold a lot of the books, I would imagine. My daughter, who lives in Missouri, she was a psych tech and she recently sent me that picture and said, "I was searching the internet for your name and this came up. What is this?" She said, "Oh, I'd love to have that book," but I couldn't even find my copy because I think I loaned it to somebody. But it was fun. It's fun to do those things.

And my twins cooperated, spoke with me at *SC* [University of Southern California] for years, but then, like I say, Richard quit because they didn't want it exposed. They're a Mormon family. And now that marriage is falling apart. And he's actually staying here off and on. But we've learned to manage. We've learned to cope with it. And when there is a crisis—after a while we got to the point where, they were in the hospital so much when they were younger that it was like—it's your turn. And then we had our son Randy take his turn.

And then our daughter take her turn to—she got to the hospital first and he was in a crisis – one of them – at some place, and went into like a coma, like. And I had a flat tire on the way and I had all the medical stuff, and she got there and I wasn't there, and it was like, "What do I do?" And his doctor knows him so well – he said, "Give him a shot of Benadryl and let him go home." Well, Benadryl didn't work. And I finally got there and they kept him several days. I think that was the time he threatened—he had a—he had the department come out and he wanted out. And he's good—he's not a great talker, but he's sensible. But the night before he threatened to kill one of the people there. So that kept him in for a little while longer, which was good for him.

One time he joined the Navy. They put him charge of all—everybody's books and papers and sent him off from LAX to Chicago somewhere. And about two weeks [later,] I'm coming home from my job at a psych hospital late at night and my daughter is standing at the door smiling and I said, "What are you doing here so late?" "Oh, I wanted to see your face when Daddy tells you." And the hospital had called after a couple of weeks and said, "Your son's here and he thinks he's a twin and he's ready to come home now. He cracked up in training." And so we meet him at the airport. No, I think he got here on his own. I can't remember. Anyway, we took him straight to a psych hospital. So he got better. But we did a lot of that. Finally—you can't follow—I tell my people, "You can't fall apart when there's a crisis, something going on," because I say, "This is going to happen over and over and over and you had better get used to it." And they will remind me of that now and then – the family member will say, "I remember you told me."

II. Access to Treatment and Benefits; Working with L.A. County; Stigma

TG: Yeah. I'd like to go back a little bit to when you first started getting involved and really started learning about mental illness and learning the system. And I'm curious – at that point, what did you see as the major problem facing people with mental illness? And I know in some ways, you've talked about this, but how have you addressed that in your work over the years, and how have you seen that change for the better or worse?

DE: Well, I think the worse thing was access to treatment – they didn't have it, and a lot of people didn't know about SSI [Supplemental Security Income] or SSDI [Social Security Disability Insurance] or that you could go to a Department of Mental Health Clinic and get free treatment. They didn't know that. So they weren't informed, and I mean, who knows about those things anyway? You just don't know. So I think it was lack of treatment, and I also think—well, lack of money. A lot of the departments are always short on money. It's always a huge issue. And now they're trying to take our Prop 63 [Proposition 63, the initiative that became the Mental Health Services Act in 2004] funds.

It's doing in legislative part too, and a lot of people don't know anything about that. So sometimes if I've got a good legislative chairman we make them take the letters in and copies and envelopes, and you tell the people in your group to write what they can, and you pick it up and mail it. So they get those letters. But that doesn't happen all the time because you don't have that position filled.

And sometimes you have a real good director that kind of really understands. I do think Dr. Southard [Dr. Marvin Southard, DMH Director since 1998] is one of those. I think he really—well, he understands. I've met his—I think it's his son or his stepson that's ill. So I think it's really important. Areta Crowell [DMH Director, 1991-1998] – I've worked with her for a long time, and she always met with our group once a month. I remember when

I took on president of L.A. County CCC [Comprehensive Community Care, a county planning process completed in 2000] two years, Stella [March] said to me, “The first thing you do, the most important, is you meet with Areta and get your people there,” and we did. And she would ask us, “I’m going to have to cut a program. Shall I cut this or shall I cut this?” And I remember specifically, there was an issue about—it was about law enforcement and the teams, or something. I can’t remember. Something about the teams, and I picked that because my sons look good, they are physically fit and I was always afraid something would happen to them. They’ve been taught the, “Yes sir, no sir.” And usually when they meet police, they calm right down, and that’s what they do, but not all of them do that.

And they are always getting—other people are always getting arrested for resisting arrest. But sometimes the cops don’t talk to them slow enough. So it was something about the crisis intervention. I remember I worked a lot with the head of the hostage negotiation team for the Sheriff’s department. I can’t think of his name – Perrou, [Dr.] Barry Perrou, and I was going to law enforcement meetings every month or so in LA. You had LAPD [Los Angeles Police Department], Sheriffs, judges – you had all kinds of people there – DA’s [District Attorneys], and I represented NAMI. So, he would actually—he wanted to meet Susan Mandel, so he would pick me up and take me. He was a charmer – handsome, charming. And picked me up and take me because he wanted and he got what he wanted, because when the MET Team came in – that’s that Sheriff’s mental illness evaluation team – I was for it. [JMET Teams – Jail Mental Evaluation Teams – include a deputy sheriff and a clinician from DMH, who provide mental health services to inmates in county jails.] And I told Areta I was. I think it works [from] 5:00 pm to something.

Anyway, people need to know that somebody can come out in plain clothes, and so on. So I was all for that. I just was. And then one psychologist called me and she said, “We need to get involved with them because their post training isn’t good enough.” And, God, I can’t remember what that was all about. I ended up with Sheriff Block [Sheriff Sherman Block, L.A. County Sheriff 1982-1998] on his special committee, oh, that wild lawyer, the little gal. She’s out there defending everybody. I can’t think of her name. She chaired it with Nevara, I think – somebody, some Mexican-American fellow, and it was a fabulous big committee. And they really wanted to know what we thought. I think they did, anyway.

And it had a lot of minorities, gay-lesbian folks were there, Sheila Cool, I think. I can’t pronounce her name right. She’s now in the legislature. She was on the committee and—what’s that lawyer’s name? She’s defended Tiger Woods’ girlfriends. But anyway, she was good. And we met lots of times and had lots of discussions and so, even the smaller groups where you met with different law enforcement departments and talked about how they could improve and groups they had. Anyway, it was just fascinating. I forget a lot of that stuff. But, it was exciting to do.

TG: So you saw some of the main issues for people with mental illness when you were first getting involved – and it sounds like ongoing – was being informed about the treatment that was available, and then I hear you saying as well, informed in terms of the politics. Understanding what is going on in terms of the politics.

DE: Well, not everybody handled that. But all of them were a little bit afraid of law enforcement, and a lot of mentally ill folks – untreated – get locked up. You know what they say about [L.A.] County Jail? It’s the largest mental hospital in the world, or something. And I've been there and I've toured it. And we had one patient there for about six months, locked up in the hospital section. And had to be locked up separately because her father was a ex-sheriff, sergeant or something. And now we have NAMI members—we have two NAMI members who are fabulous and wrote that article that is posted on the Sheriff's website now on what to do when your ill relatives [are in jail]—

TG: Yeah, I've seen that.

DE: Oh, we handed out a lot. Because now they can call me, "My son's in the hospital and he did so and so." And I can give them a number to call and say, "Here, you call this and you can get him on his medication." You do this and that, and you can find that thing on the website. They need to know those things. So I think the law enforcement thing—the families were worried about that – their kid being in jail and not getting any help and getting hurt.

I had one woman from Santa Monica – Hispanic, I think, crying on the phone, hysterical, because her son was out there reading his Bible in the middle of the street or something, and he ended up getting shot and killed. And she was just hysterical. Those things really hit you hard. And you think, "We've got to train these guys a little bit. And that's hard to do. I have right now in my group a retired—I've had two retired sheriffs and retired police officers and they are pretty hard-nosed, but they care. They really do care. And they don't want to get killed. And these kids, without their medication, sometimes they don't know what's going on. And they'll attack you. And they are in danger themselves and they don't even know it. One gal, her son is real paranoid, and he stands outside with—at his apartment with a shotgun. That's going get him into a lot of trouble.

I don't know, medication, lack of places for treatment. Now people call me. I can send them to Arcadia Mental Health [a County-operated mental health clinic], but the wait is, like, three months or so. I think they will do some sort of short-term intake, but that's terrible. You're in a crisis and you wait three months. Forget it. It is not going to happen.

TG: Right. Why do you think the stigma persists for people with mental illness?

DE: Stupidity. No – people are afraid of things they don't understand. I mean, how many people know about bipolar illness and schizophrenia?

TG: And really understand them, right?

DE: Yeah. Now, fortunately now there've been some books out there on it. They just don't understand. They don't understand at all. So, I think that's a lot—it's just lack of education. And Stella's head of the anti-stigma group [at NAMI], and she does some good work, but there's not enough people. I remember when—a church—we were talking about having a meeting with the priest and he said, "It is not enough to say you don't discriminate and you don't like this and you don't like that." But he said, "It's time that we stood up and said something in the group right then and there." And black people can't do that. They can't stand up and say, "I don't agree." I just—we didn't use those words in our family, like "nigger" – you didn't say that in my house. You just didn't do that. And yet my son went to first grade with a little Boy Scout who was a great scout. His father was my Cub Master. He was the most bigoted man you ever saw.

And he taught his son to be that way. So Randy saw – I mean, you're raised that way, that's the way he was. Terrible, terrible.

TG: Yeah. So, do you see something similar happening with mental illness as well?

DE: Yes, yes. Yeah. My son got into a horrible fight one night at Denny's. He came in with a mentally ill kid. He was mentally ill, but he had it together. He came in with a mentally ill kid, and a late group – I think they're open all night, or something – they started making fun of him, and Robert went over and told them, "Knock it off. This is my friend. Don't do this." And he went and told the manager, "If you don't get them calmed down, there's going to be trouble." And I don't know—they didn't do anything about it. And Robert went over and knocked the guy up against the wall and flattened him. And then he told his mentally ill friend, "Let's get out of here before the cops come."

But he wouldn't put up with that. And in AA – he doesn't do it now, because they used to have more access to housing – he used to tell people, "Here's my mom's card. Call her. She can help you find something, or she can help you with this." One guy was going to lose his license. So, they would tell, and that was good. And they would step up. They really would. I think that's good. I have a daughter that's a little tiger, and she would step up too. And my son, Randy, when they went to see that movie, the one about the fellow that got his Pulitzer Prize?

TG: *A Beautiful Mind* [2001, directed by Ron Howard]?

DE: Mm-hm. Randy says they came out of that and it was—he said, "Momma, it was really great to hear all the people talking. They got educated." He said, "They really got—they were taken right in by the guy having an extra guy [in the film, an hallucination] in his room." They believed it, and then they found out it wasn't true. So he was good at that. He's even done a few panels and things for me, and one time he took the twins to Missouri. We used to have a very beautiful farm in Missouri – my father's – really show place. And the twins loved it – chopping wood and bailing hay and all that. And one time he volunteered, and he always had extra tickets. So he took them over there and brought them back and stayed with them. And they were his big brothers. So Daddy had given each one of them a certain amount. He had given Randy their money.

But he said, "They spent it real fast because whenever they asked for it, I just gave it to them." In other words, he didn't divide it up and hand it out on an every two or three day basis. We had a problem here where the twins got so ill – they were doing other drugs – and got so ill that they would threaten to kill us. They'd come to the door – they were living somewhere else – if we didn't give them all their money. And finally I said to my husband, "I'm getting another payee for them. We're not going to be the payees. I'm tired of being threatened." And [he said,] "Oh, you can't do that. You can't do that." But I found a relative of his who was young, who was a churchgoer, who managed his money well and he said, "Yes." I wrote him a letter and he said, "Yes."

So they would drive fifty miles or wherever to get their money every two weeks. They never threatened him once. See? So there are ways to solve the problem. You don't have to deal with it all your life if you don't want to. But stigma plays a big part in it.

TG: Sure.

DE: And people not getting treatment they need. And my kids were never afraid of hospitals. They charmed—one time the psychiatrist said to me – in the private hospital, he said to me, “What is it with these twins of yours and older women?” I said, “I don’t know, why?” He said, “They have all the nurses charmed.” Well, they were Catholic school kids and they had, “Yes, ma’am, yes, sir.” They didn’t swear. They didn’t tell them off. And some kids do those things. So, that was good.

And actually, when they had their proms, he helped them pick out their formal, their tux. And they took girls from the hospital to different affairs. You can live through anything if you really want to.

TG: Yeah. Since you started getting involved – over the years, how have you seen that stigma change, or perception of mental illness change?

DE: Well, I think the colleges and universities are learning more from us. And NAMI’s made some real inroads. They also give out these writer’s awards and movies – like the film industry’s done – like the one we talked about [*A Beautiful* Mind] and others have really helped. And we really push those things. And I think that makes a difference. I really think that makes a difference. But then you see the crimes committed by the mentally ill who aren’t treated, and that’s a real problem. But fortunately, we’re getting the message out – sometimes – that they’re untreated. If you spent money on treatment, maybe these things wouldn’t happen.

TG: That would change it.

DE: But everything else is [seen as] more important. It’s like our budget here. I think Schwarzenegger [Arnold Schwarzenegger, governor of California since 2003] has a good heart and really feels for the disabled, but this legislature’s—forget it.

TG: Right.

DE: They’re not going to do anything. That’s it. They’re kind of hopeless. I’m reading a book now – I met a writer at my son’s party in Ventura – on after Schwarzenegger, what happens after Schwarzenegger? And I don’t know what’s going to happen because it seems the mental health budget, it just gets [cut], and [the budgets for services for the] poor and the disabled. They just get cut, and cut, and cut.

But we have people who come to our meetings and they just don’t know anything about, like I said, Social Security. And we tell them how to apply and what to do and send them to the right places, and some of them get help. And if they get turned down, I have lawyers – not a lot, but some – who can help them with an appeal, and then they will take a portion of that money they get. So, I mean, some just give up. We think most of them get turned down, but they say they don’t. But they do. And some of these people need that money. They really need it. And they’re hardly going to make it anyway.

But I have one client whose sister he lives with – she charges him five hundred and something a month for room and board. Fortunately, he does a little work on the side. But, otherwise I don’t think he’d make it. It’s a sad situation.

TG: Yeah, it’s rough.

DE: And we need more money. A lot more.

III. Contract clinics; Recovery

TG: Yeah. That ties in a bit to the next thing I'd like to ask you which is, what you see as the relative advantages and disadvantages of having contract clinics with the Department of Mental Health versus the directly-operated clinics?

DE: Well, I've had good experience with the contract clinics. Not as good, probably, as the County clinics. I don't know that. I just think it gives us more places to take our people. They seem to be pretty tight with their budgets and cutting back an awful lot, but at least they have some place to go. And with the new money, this Prop 63 (MHSA) money that's given the opportunity to have some money. So, I really haven't seen—like I say, I've had good luck with them. I don't see a problem. There probably is one, I just don't know it.

TG: So, you're thinking in terms of, it's more treatment, they're more places to go.

DE: Yes, yes, absolutely. I think so.

TG: How would you define recovery for a person who has mental illness?

DE: Hm. I think—recovery – probably on medication [on] a regular basis; able to solve some problems; have some sort of a budget and pay their bills. So, I'm talking about – what is it? – ADL skills. What is it, Activities of Daily Living?

TG: Daily living, yeah.

DE: Be able to do those things for themselves. Either do it themselves or take care of it. Some people eat out all the time instead of cooking. And having some friends that probably be similar in illness. And with some of them, I think doing some voluntary work or working would be, to me, would almost be the ultimate. But to have some—they want the same things we want. So, I have some that are married. [Another part of recovery could be to] have someone who loves them and something to do in the day, and none of this lying in bed all day.

And some friends, some volunteer or some activity outside the house. I would see that. They can volunteer at a veterinary place and pet the animals. I like to see them involved in something, not just sitting at home all the time. One of my sons, the one that's—well, they are both. My sons have very serious symptoms. But Dr. E. Fuller Torrey, who used to be the guru, says that for the twins – they were in his famous twins studies – and he says for the seriousness of their illness and symptoms, they do remarkably well, and they generally have. [Dr. Torrey is a psychiatrist and researcher and the director of the Stanley Medical Research Institute.]

But Robert's been off meds for over a year. He's back on now, but he's sort of angry and hostile and hates everybody. And does some crazy things like selling his car for a hundred dollars, and he's kind of an unhappy person right now. So, I don't know.

TG: So, a certain amount of autonomy – being able to take care of the day-to-day stuff.

DE: Yeah, or if they live with a family to be able to help them in some way, not just exist.

TG: I see, yeah.

DE: I don't want them just sitting in their house in the back bedroom all day. They have to get out. They have to do something. Some board and cares tell you, "If you live here, you have to spend eight hours a day outside the house."

TG: Yeah. Doing more than just sitting there in the illness.

DE: Yeah, and a lot of them have difficulty with that. But we had some places where they can go and learn things and get some training. But I talked my son into taking horseback riding one time. It didn't last long, but he did it. They need to do something.

But sometimes—I worked with this one volunteer agency to get my other son a job, and it was working at a school, but when she saw him, she handed him this stack of papers to fill out. He couldn't deal with that. So, that didn't happen. And some of them—they can solve some problems, but they can't think. I know one time, he got hired right away – because they look good – at Best Buy or something and they were going to be in the stockroom. But the numbers – they had to pick up things by number – and after a while it got too confusing for them. They couldn't do that. But there is something for them.

TG: Sure.

DE: There is.

TG: What do you think is the best service model for [helping] someone to achieve recovery? What does that treatment or care look like for someone?

DE: Well, these Wellness programs [a type of program funded by the MHSA] are supposed to have some of those things incorporated in them. Take their medication and get them back into the community somewhat. But I'm not that—I haven't seen those things. I don't know much about the Wellness programs to know if that really happens. So, I don't know how to answer that. Pacific Clinics has a class, has worked with the college over there – PCC, I think they call it.

TG: Let's see, I guess Pasadena City College?

DE: Yeah, and we have a class on mental health workers, and we've enrolled a number of people in that. And I think that kind of things works if they're that high[-functioning] – [if] they can do a class, because a lot of them do graduate from the class, and then that gives them an opportunity to work further. And Pacific Clinic hires a lot of clients, so that's good.

And River Community hired clients. They hired the twins, and they've asked us to supply workers for them. We haven't had any success with it, but—

The Tape programs usually get the kids in school and sometimes they get them jobs. I think they help them identify their abilities, and we have computers there so they can look for jobs. So, I think that is a very successful program. I don't know how widely spread it is, though. I know Chicago had some really—and what is it? A guy back on the East Coast has a rehabila—not rehab, but working. They teach them how to go back to work, 'cause a lot of people believe that if you work, you'll be successful. That's that really a core thing. And of course in America, it is. It is always when you meet someone, it's "What do you do?" Just tell them you are a brain surgeon. Yeah, I don't know. (pause)

TG: It sounds like maybe there is not one single model [one model alone] that would do it.

DE: Yeah, like I say, I don't know. They had a WORK Inc. program out here that trained them, and trained them well. And then they'll have them go and do janitorial work and different things. But I don't know if it's still—I went to one of their graduations, but that was years ago.

So I don't know what works, what's out there that works. But I think the rehab programs really work – some of them do. But you have to have a—you can't have this "No fail" policy. You've got to give them a second chance because they're going to—apparently we've been trained that they are all going to fail sometime. [Or that] most of them are, so you just can't pitch them out the first time they do something. The twins said that at their first group in the hospital, people jumped out the window at night and went and got their dope, whatever they needed.

Yeah, Richard taped it to the inside of his leg one time – marijuana. I guess they found it. But we didn't even know they were using marijuana. We had no clue, and we just didn't know. And that doesn't work with your meds. It just doesn't work.

I just did a five-hour training. I did a five-hour class on—I went to it, I attended it – on meth, crystal meth [methamphetamine]. *Fascinating*. Fascinating thing. In fact, we're having him as a speaker this week. But they come from Asian Pacific [Counseling and Treatment Centers] – something in L.A., and they are just—I haven't seen it, but it sure sounded good. The people sounded really—they really knew what they were talking about, it sounded like. Because I didn't know anything about [it]. I mean, I've heard people say what it does and all this, and I've seen shows, but to personally know somebody that—well, I guess I do back East, but not here. Not my favorite people. Scary.

TG: I want to ask you a little bit more about your experience with DMH over the years. You talked a little bit about working with Dr. Southard and Areta Crowell. Can you tell me a little bit more about those relationships and the work that you've done maybe with any other staff at DMH?

DE: Well, I found them all pleasant. I especially liked Roberto Quiroz [DMH Director, 1985-1991] and Areta Crowell, and I mentioned Dr. Southard. There was a Dowling in there – Francis Dowling [former Chief Deputy Director, DMH] – for a little bit, interim kind of guy. He wasn't very helpful. And in the beginning, I don't think they were real interested in NAMI or knew anything about us. But with Roberto – he was very helpful. But with Areta, we did lots of meetings and felt very included in things.

And a number of times they went through this process of having a huge group and kind of redesigning and reorganizing everything. I can't even remember it. It was so complicated. You'd be have a room with sixty people in it, and I finally—every time you did it, it just didn't seem to me like we got the results we needed. So, I said "Forget it, I'm not doing that anymore." There is one now with this Mental Health Services Act. And I'm at the age now where I'm out of those things. I don't want to do that.

TG: The planning committees?

DE: Yes, I don't want to do that any more because sometimes I don't see the right results. Like I say, I'm extremely pleased with the extra money that we're getting and doing the right things. But the fact that you have to wait three months to see somebody is ridiculous. Unless you just came out of the hospital. And they've been helpful to us. They've been supportive. The staff, a lot of the clerical staff didn't seem to know anything about mental illness. And there is a lot of people we could eliminate.

But we have this union, and I think that is atrocious – the things that they get. I've seen people who just didn't care. I visited the floor where they had the clients on that floor all supposedly working. And I know the guy that ran the program, I think he's still there and I can't think of his name. He used to be at Metropolitan State Hospital [a State psychiatric hospital in Norwalk]. And I didn't like what I saw. They came in wearing weird clothes. I mean, I know they are clients, but I don't think it is realistic to think that I can go out in some weird outfit and get a job. I just don't think that's realistic. And I think for these people to be allowed to work like that is not right. And I don't want to be stigmatizing or anything.

I don't mind of they have long hair. I've worked in psych hospitals where they have the spiked [hair]. Last week a kid was in our group. He was a great kid. He had spikes that high. He comes to support his mother. But I just—and I've sat with this guy on panels. And I agree with some things, but this [idea that] "you don't have to take your meds. We'll take you like you are" – unless it's a non-public thing, I don't think he's being realistic in his ideas. So I had a problem with that.

Now, Stella has this In Our Own Voice Program, where we are taking our clients and having them do part of the orientation [In Our Own Voice is a NAMI project in which consumers share their experiences with mental illness and recovery]. So I think that works. That helps all of the staff – new staff – to maybe understand a little bit about what these kids – these people – are dealing with. But, I think there is a lot of people who should go home and stay home. Not the clients, but staff. But staff – the professional staff – I've usually, I've felt okay with them. But I've always been a non-employee, so I could always say what I wanted, and I think that gives you power.

And if I couldn't get something one way I would go another way to get the same thing. And some of the black staff I really liked – really good – and some of the Asian staff I really liked. [The] training department I really liked. I noticed we had Dr. Chris Amonson do the educating them about mental illness one time. They didn't like him because he favors the client. And they didn't like that. So, I don't know what to say. But on projects that we've worked together on, I think they've been very helpful. They really have. I can't think of all the things we've worked on.

TG: Yeah. Do you have experience working with them with your work at Pacific Clinics?

DE: With the staff there I do. And sometimes even them, I have some trouble with. But the chairman, Susan Mandel, she says I'm one of the people who call her – if I have a client who complains about something, I call.

And then I talk to her and then she'll have the head of that department call me, and sometimes they're defensive. But sometimes we get somewhere, and sometimes I learn about things. And I have my sons knew good staff when they worked and sometimes they would say, "Call my mom. She'll get you a job," when they'd leave there. And I know the head of human resources. Several times she's hired people I've sent in. I bug her. I call her and I say, "He's so and so." And sometimes they've even given interviews. I mean, I had a client – I have a client, a friend – who's an alcoholic, I found out, but he's almost got his M.B.A.

And he's great, but he's very ill. But they gave him an interview anyway because his background was so good. But you couldn't manage him. He sends all this formula and stuff to the FBI and to different companies and stuff. It doesn't make any sense to us, and we don't think he—he hasn't done anything with it. But they've hired staff that the twins have said were good staff. I wouldn't send them there unless I had a recommendation from them. And they [the twins] are really—if they don't like somebody, they let them know it.

TG: It's not a secret.

DE: Yeah, they are not real subtle about some things. And certainly not afraid to defend themselves. I've had good luck, and a lot of them I know, and I've had good cooperation with them.

IV. MHSA; Personal Accomplishments; Vision for California

TG: What do you think has been the most important change in mental health services in L.A. since you've been working in mental health? Or changes – it might be more than one thing.

DE: Lack of money. And the changes? These new [MHSA] programs that the money has brought in have really made a difference. They really have. But the lack of money has really hurt. We have so many people that are left untreated. And there is no outreach, no outreach at all. There used to be some outreach, once in a while. But that was, like, extra money.

I don't know if I know the big picture. I just know that Pacific Clinics has taken a lot of clients that had no benefits at all, and I don't think we do that anymore. I don't think we can do that. And if you're not seeing us in six months, I think you are out. People are cutting back. One clinic – I used to get them to come and speak to us or even help us out a little bit and new management has taken over—not new management, but [a] new head of the clinic, and I don't even know their name. And they don't take—I think they take Medi-Cal. But – no money.

TG: Yeah. Big problem.

DE: Big problem. Big problem.

TG: Any other changes you see in terms of the way that services are provided or the kinds of services? I know you mentioned MHSA programs. Anything else like that?

DE: No, I don't know of anything else.

I know the county [has been] real supportive of us with the [NAMI] Walk [a NAMI fundraising event]. They've gotten staff involved, they've gotten clerical staff involved. I mean, they've been really supportive. And we have these family-to-family classes that—they teach it for 12 nights and 12 weeks. And they always seem to make room for us. Clinics will give us space to do the classes and stay open at night for us a little bit. That's been real helpful, real helpful.

Even the jail works with us because DMH works with the jail. I think that's made a big improvement. I really do.

TG: The services in the jail?

DE: Yeah, yeah. We don't have enough people doing it, but it helps. I think that's important that the parents can call in and give the meds and maybe the client will get them. I think the—or Mark Gail [Vice President of NAMI California] and Johnson – Jim Johnson, I think – that things have really improved in that area, and I think the director has a lot to do with it too. And Areta Crowell – she was great too, just wonderful. And then the Mental Health Association [now called Mental Health America, a prominent advocacy organization] – I sat on their board for a while. And I think they do a good job, of what I've seen. And that – Project Return [a project of Mental Health America, Project Return is a consumer-run support network]—contract agency, but I think they do a real good service. I really do.

TG: Yeah. (pause) What do you see as your most important achievement or something you are most proud of?

DE: I think for me, it was learning, just learning so that I could share it with other people – being a resource.

TG: Yeah, I see.

DE: And having a big mouth so that I could help other people.

TG: So being able to help out other people who are looking to get involved?

DE: Yeah. Yeah, for me, that was real important – that you could make an impact and help them in some way. And I have hospitals now that will refer clients to our group. Because that's great. Because I've gone in there and I don't yell at them, but I've been there. And "This client doesn't do this," and brought the parents with me, and they know who we are. And that's great. And they'll take our material and pass it out, and I think that's wonderful that we can make a difference.

We can really make a difference. I think we can. I mean, I had one gal who lived with her elderly mother and had no benefits, and she finally got them because we talked to her and helped her. I think the Mental Health Association helped her a lot because we knew about them and referred them, and it changed her life. Her mother died and she's able to stay in the house. And this thing about families leaving all their money to their ill kid, and then they just cut them out of all their benefits. They can't do that. You have to do that – what do we call it? You have to protect the money and do a special needs trust. So, we have lawyers come in and talk about it because it's a terrible mistake to get your kid off his benefits. Sometimes your medications can cost four hundred dollars for one prescription.

And you need that [the prescription]. I know Richard – he has private insurance now – but he kept his Medicare. He had that option one time and he kept it. So, he feels safer that way. They both have Medi-Cal and Medicare. I don't know about Medi-Cal now, but they get treatment. In fact, none of them are treated at Pacific Clinics now. But they were. They didn't go to any programs or anything like that. They are 49 years old. They're older. For me, it was just getting out there and sharing the information – learning it first – and then having that—even did speaking, public speaking and ran workshops, and I hadn't done that. They don't teach you that in college.

So I think it's been a good experience for me. I always loved it. I just loved it so. And I loved D.C. I loved being in town. We'd get the psychiatrist with us – Robert Liberman [a psychiatrist at the UCLA School of Medicine and Director of the UCLA Center for Research on Treatment & Rehabilitation of Psychosis] – and we would do those psychiatrist-family member visits. Congress and NAMI provided us with all the resource information. I remember one time it was on something about Veterans increasing their benefits on some little issue. And when you take the psychiatrist and family member together—I remember with Barbara Boxer [Senator from California] – she made a special room for us and about twenty-five of us went in. We all had our talking points and everything. And I felt it was important.

And we did rallies at the steps of the Capitol and we did rallies in Sacramento. And we got a lot of clients there on busses, and to me those things—it gives them power. They feel good. They really feel good. And then I met this guy over here at La Puente Mental Health Center – Enki [Enki Health and Research Systems, Inc., a private mental health provider]. He came from Mexico, and he was really good at teaching about mental illness and running the groups and stuff. So he and I hooked up. I can remember the first time we went to Sacramento. He took a bunch of clients on a bus or something. But we got together and talked about issues, and I learned so much. And their director at the time was a female and she was great. We had meetings there. I can't remember what I was doing, but I remember calling people to come to this meeting. And my God, I had psychiatrists and I had all kinds of people. I couldn't believe it.

They all came. And we used to meet downtown. I joined this LATCO [Latino Mental Health Council] group – small group – and there was a little circle of us, about six or eight of us. We'd meet with the director and talk about maybe getting stipends for Hispanic students or different things like that. We just tried things. We never got real far, but that guy—Susan called me one day and said, "Luis Garcia is looking for a job and he wants to work for Pacific Clinics" and [she wanted to know] what did I think of him? He was the guy—we had run groups together and everything. It was so good. And she hired him. He is the director of the Hispanic Programs and stuff. And politically minded, really knows his people. And a really sharp guy. So knowing those people, you learn things from them, you learn how they do things.

I remember there was a gal in his group that I would take with me when I did the conferences, Hispanic Conferences, because she could speak Spanish. And we'd stay at the hotel there and set up every day. She loved it and I loved it. So it was great. It was getting out and meeting the people and learning things. So you could navigate.

TG: Sure, yeah.

DE: Yep, I enjoyed it. I'm tired now, so I don't enjoy it anymore and I don't want to go to this. I've done it. It's been there, done that.

TG: Done a lot, yeah.

DE: And my husband kind of wants to go to the convention this year at [NAMI] National, but it's in July in D.C. That's when everybody leaves D.C.

TG: (chuckling) Right.

DE: But I like the historical part of it. And I like the conventions, but it's a real old hat to me now. And I don't have the energy or the memory to—I just don't. And you need details and all of that, and I can't remember that.

TG: Yeah.

DE: I just can't remember it all.

TG: It's not quite the same as it used to be?

DE: No, no. So, I will read now and do other things.

TG: Yeah, sure.

DE: My husband's cleaning out his office and he just found my old books from the Lewis and Clark – their foundation. They send out a magazine, I guess monthly or something and oh, I really enjoy those. We follow the trail from St. Louis to this ocean, and even attended a convention one time of theirs and love that stuff. And really like that stuff. I don't know why, but I just do. I'd rather do things like that or just sit and read.

TG: Yeah, sure.

DE: And I enjoy the grandkids. I don't get to see them very often. Some are back in Missouri. The one in Ventura is the one I'm closest too because he's real outgoing. He usually calls me every day. And if I don't hear from him he gets an e-mail that says, "This is your poor Jewish neglected mother." (laughing) I'm not Jewish, but I say it anyway. He understands. And he knows all this computer stuff, so he's teaching me computer stuff. I'm a slow learner now. So he gets exasperated now and then, but he's a good guy. And then they built a house up in Santa Cruz in the mountains and once in a while I get to go up there and it's elegant. I just enjoy being out there in the—it's on thirty-some acres of redwoods. And that's pretty, beautiful country.

TG: Okay, I wanted to ask you a little bit more about the MHSA. You mentioned it a few times. What have you seen it [do]? What changes have you seen from it?

DE: I've seen the new programs. I haven't seen enough of them. But at Pacific Clinics we were doing the new PEI [Prevention and Early Intervention, a program funded by the MHSA], I think they call it.

TG: Yeah.

DE: Prevention and Early Intervention, and I don't understand a lot of it, but we have some professionals there that do. And I'm really impressed that they're considering doing things on babies and the young children, and of course, there's so much more diagnosis now in young children. It's horrible – horrible that it happens, that they have the illness at such a young age. But they are getting into that and I think that's really exciting. The question again is…?

TG: The impact that you've seen from the MHSA.

DE: Well, then I saw they have—I told you they have SP [suicide prevention] and the Tape programs. The extra money, to me, has been fantastic. It's done so much for people. And I pity those people that don't know about it because it can make a real difference. I think it's fabulous. And the fact that they want to take the money away from us. I think we have a legal battle going with them, but I don't know. They're talking about doing an initiative so that we can take the money, I guess. Or so that the government can take the money, and that's scary. We do more initiatives than any other state.

TG: Ballot budgeting, like they say.

DE: Yeah. We need a good Democrat.

TG: So to you it's been a really good thing?

DE: Yeah. Oh yes. I really think it has. Yeah, I'm an old, what they call "Yellow Dog Democrat." You know what that is?

TG: For the term?

DE: Yeah, so, my dad had us driving people to the polls when we were teenagers. We got involved real early. And at the University of Missouri, Harry S. Truman would come frequently, and I would follow that man around all the time. Yeah.

TG: What is your vision for mental health care in California? If you were in charge and you had an enormous budget, what would that look like?

DE: Well the first thing I would do, and this is not nice – I would put birth control pills in all the water so that we didn't have any unwanted children. I may be Catholic, but not a good one. And I don't like seeing unloved children. So, I would take care of that first. And just provide the money that we need in mental health so that we can provide the right services. I'd probably make Susan Mandel the director of mental health. She was the director up in the San Francisco area – Alameda County? But she's getting old and probably getting tired, I don't know. Fire all those lazy people that work for the department. And put pros [professionals] in there who care about clients. I mean, I don't know the specific programs, but like I said, we want the same thing for the clients that we want.

TG: For ourselves, yeah.

DE: Right. And it doesn't have to be extravagant, but you need to provide the basic necessities, and I don't think they are getting it. And I would change the jail system.

TG: What would that look like?

DE: I don't think I'd put anybody in jail for any kind of substance abuse. We have more people in jail than any other country. And I don't like paying for it. We pay what? Sixteen thousand or so a year per client. They pay what? They say thirty-two to fifty-some thousand a year per jailed person.

TG: [For] someone in prison, right?

DE: In a prison.

TG: Right.

DE: Send them to the South. They pay—in the South they make them work – at least they used to. I see nothing wrong with a client working. I don't see any big advantage to T.V.

[in a prison cell] unless it’s at night. And I would just change things so that—I would—the jails wouldn’t be so full.

And probably for me, I would do the two-year public service thing after college for everybody, because I think we have spoiled people. We have spoiled students in America. It’s a very throw-away society. I would change things.

I don’t know specifics, but [it] wouldn’t work the way it does now.

TG: It would be pretty different?

DE: Yeah, yeah, no people on welfare with ten kids.

TG: I see. So a lot more funding for mental health programs, but also funding and budgeting in such a way that resources aren’t being misdirected, misused.

DE: Right, right. In prisons and a lot of other areas. Take all the benefits away—don’t give them [legislators] any more benefits than the average person has – the legislators. And they’re talking – I don’t think it’s going to work for California – about six months, legislators only work six months. Texas, I guess, does that, or even less. I don’t think we can do that, but something needs to change. I’m not for special treatment. Or special benefits just because you’re doing certain work. Forget it. I’m a little cheap.

TG: Yeah. Those are all the questions I have. Is there anything else you’d like to add or say that I didn’t ask about?

DE: No, no, I don’t think so.

TG: Okay.

DE: I don’t think so.

TG: Okay, great.

END OF INTERVIEW