

# PAS Newsletter

Parents of Adult Schizophrenics  
of San Mateo County

MAY 1981

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

## Meeting Schedule

### MAY MEETING

#### SCHIZOPHRENIA DAY LUNCHEON

Date: May 13, 1981  
Time: 12:00 Noon  
Place: Bay View Savings Community Room  
2121 So. El Camino, San Mateo

Donation: \$5.00 per person

Use of the Community Room as well as a delicious luncheon is provided by Bay View Savings and Loan as a community service to non-profit agencies. Thank you Bay View Savings!

There will be entertainment and door prizes.

### Other Mental Health Meetings:

PLEASE NOTE: There will be no regular PAS meeting in May.

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|---------------------------|---|
| 1st Wed.<br>Every Month   | Mental Health Advisory Bd<br>12:00-2:00 pm Multipurpose<br>Rm Hlth & Wlfr Bldg, 37th SM |
| 3rd Sunday<br>Every Month | Assn for Mentally Ill Napa<br>State Hospital, Music Rm<br>11:00 to 1:00 PM              |
| 4th Thurs.<br>Every Month | Citizens Advisory BD, Region I<br>7:30-9:00 pm, 45 Southgate,<br>Daly City              |
| 2nd Tues.<br>Every Month  | Citizens Advisory BD, Region III<br>12:00-1:30 pm, 3700 Edison, SM                      |

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### SCHIZOPHRENIA

Dr. Dean: "Schizophrenia, its name and meaning, should be familiar to everyone, for its primarily a wrecker of youth, and its bizarre symptoms correspond more than any other mental illness to the popular concept of insanity. But, appalling as the symptoms may be, the facts about its prevalence, duration, and drain on the nation's economy are so shocking as to stagger the imagination. Although Congress has allocated several million dollars for research in mental health, no specific funds have ever been earmarked for schizophrenia, greatest trouble spot of all. Here is a vast frontier of society and medicine that has scarcely been explored. Less money has been spent on research for schizophrenia than on any other major disease. The locked doors that have shut our schizophrenic patients within hospital walls have, it seems, succeeded in shutting them out of our minds as well. Our first task, therefore, is to bring schizophrenia into the open, and to recognize it as an entity deserving of our highest priorities."

Chairman Fogarty: "I am surprised we are not spending more money in this area because of the prevalence of schizophrenia as a serious problem in mental health. I agree it does rank up there with other great problems. But for some reason or other the National Association of Mental Health has never been very successful in raising funds privately. . . . The Committee lends full support to all approaches to this problem. We are earmarking \$1,300,000 to try to put more emphasis on this particular problem of schizophrenia. It is the largest problem in the mental illness field, and we have earmarked funds for the first time just in this field, for this disease is one of the most terrible afflictions of mankind and one of the most costly to society."

The above quotes are excerpted from an account of a hearing of the Subcommittee on Appropriations for Labor, Health, Education and Welfare in 1958.

The SCHIZOPHRENIA BULLETIN, Volume 5 #3, 1979 tells the story of the formation of the organization, "Research in Schizophrenia Endowment", and its mission of bringing greater professional, Federal and public attention to bear on the manifold problems of schizophrenia. By the end of 1961, the National Mental Health Association had absorbed R.I.S.E. with the proviso that schizophrenia would continue to receive special prominence as envisioned by R.I.S.E.

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### FAMILY ADVOCACY FOR RESEARCH

The plans for research into schizophrenia which were made by the organization, R.I.S.E., as described above, were halted because of the advent of anti-psychotic drugs. These drugs were hailed as the answer to the problems of mental illness. Currently, the anti-psychotic drugs are increasingly coming under question as to their effectiveness and safety. The side effects can be horrendous. These drugs are not a cure.

Family advocacy groups must make a concerted effort to re-establish the kind of research project envisioned by R.I.S.E. in 1958.

Twenty-three years later the treatment of mental illness is still in the dark ages.

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### 23 years later:

There are 3 million schizophrenics in the United States, the majority of whom require some hospitalization. The monetary cost is estimated at 14 to 19 billion dollars per year.

The "Washington Report on Medicine & Health" reports plans for a 24% reduction in health service grants by the new administration. This will, in effect, "reduce the once mighty National Institute of Mental Health (NIMH) to a mere shadow of its former self," according to the writer of the report.

Dane County, Wisconsin, AMI Newsletter, 4/1/81, reports that Congress finally passed the Mental Health Systems Act last fall, but the "baby" may never survive its first year if the Reagan Administration's anti-mental health attitude prevails. One of the best features of the Act specifically targets services for the most underserved populations, particularly chronically mentally ill persons.

The advice from AMI is: "Before the lights in research laboratories go out all over America and we enter a new age of beating our plowshares into swords, if you ever wrote a letter in your life, write one now! Write to the President; in fact, write several letters to anybody who might listen".

Progress has been minimal in the past 2 decades but we may be entering an even bleaker time.

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#### SCHIZOPHRENIA DAY

Schizophrenia Day was started by the National Schizophrenia Fellowship in the United Kingdom, May 22, 1979, in an effort to make the public aware that schizophrenia is a widespread affliction; and that the best chance for schizophrenic illnesses to gain promotion from their present status of social outcasts and Cinderella of the medical and social services, lies in exposure of the facts to public gaze until they are talked about without embarrassment.

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#### CORDILLERAS CENTER

Promoted to Administrator: Thomas R. Mesa, MSW, MPH, from Asst Administrator, effective April 1, 1981.

Other Changes: Mary Engstrom, new Program Director, told about the new team concept, with each wing having its own staff of 2 social workers and 2 program assistants. Morale has been high during the "Spring Break", with 2 patient representatives giving input into the new program.

Conservator's Office: Social work staff will contact family conservators, and the County liaison person will work with them. Dr. Jim Kennedy, Clinical Director of Mental Health Management, will meet with Paul Jensen. Dr. Kennedy feels that an integral part of care requires patient participation in court proceedings, if requested by Judge Lanam.

State Review Team Inquiry: State feels that treatment program and staff quality are not capable of handling more difficult patients, i.e., acute rather than subacute. Therefore the program becomes unattractive to the subacute, after necessary adjustments.

Admissions have changed since Cordilleras opened. Now 95% of patients come from 2N at Choep after only a few days. There is a powder keg at Choep, and a serious clogging of the system. The State Review Team feels that Cordilleras should close off access to different floors to patients, to be able to watch them more closely.

Reported by: Dorothy Texier

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#### THE ODYSSEY OF A MENTAL PATIENT

It started with my departure from Belmont Hills by so-called ambulance to Choep Hospital, where I was taken to emergency, given a blood test and placed in a locked room, upon a gurney and left for almost 4 hours. No one who hasn't experienced this can really understand the sheer terror and fear one feels. Then after this long wait, during which I cried myself hoarse, I am sent upstairs under escort, like a criminal and placed in another cell like, curtainless room - just a bed, very low and uncomfortable and a plate of food shoved at me on the floor - no cutlery - I could not touch it, then I am told that is because I am sick. Who could eat under those circumstances. Then the doctors, students judging by their age, come push their tranquilizers and again I am locked up for the night. I am not violent.

The following morning although I had been accepted at Cordilleras Center, these young doctors called an ambulance and are ready to ship me to Napa. I got to a phone and called my Mother, who is also my conservator. The plans were cancelled. The reason the young medic gave was that a bed became available at Napa. It seems like all they think of is Napa as though it were the Alpha and Omega. As a matter of fact, there is no place that helps us patients, but some treat us a little more humanely than others.

Continuing my odyssey, I am sent to Cordilleras where I remain for 1½ days and am dispatched with others to Napa - without notifying my conservator. The reason given - I did not eat much. I couldn't as I was mixed up inside - I would only have vomited. This they did not believe - mental patients, according to them, can only suffer mentally. It is as though we do not have any other organs.

Due to the efforts of the Patients' Rights worker, my Mother got my release from Napa after one night and I was returned to Choep to the same routine. Then because my conservator refused two facilities mentioned, I was taken home against medical advice. Unfortunately, two weeks later I had a relapse and was again taken to Choep and again the same gruesome experience. If my conservator did not sign for treatment at Napa or some such facility, they would refuse to treat me. This time I again got the locked cell - food served on the floor, which was none too clean - liquids spilled and left to dry - I did not eat - and so on the third day after being admitted, I am on my way to Napa - heavily medicated. Now I face an indefinite time on the receiving ward where there is constant bedlam.

I don't know if I can survive this time. I certainly don't feel that I have been helped in any way - only made to feel my inadequacies and a loss of human dignity.

It is a sad state of affairs when millions of dollars are spent but nothing to help the patient try to be part of society.

As related by the patient and written by her mother.

Eileen M. O'Connor