

Worse case scenario for mental health budget cuts called 'irresponsible,' 'potential disaster'

CUT LIST BECOMES REALITY — GOVERNOR SLASHES \$10 MILLION

INTERVIEW:

DORIS JONES R.N.

L.A. County
Psychiatric Nurse



Doris Jones, R.N., has a PET project.

A psychiatric nurse at the Central Valley Mental Health Center in Van Nuys, Jones directs a county mobile Psychiatric Emergency Team (PET).

With two station wagons, team members answer calls 24 hours a day, seven days a week.

Calls to the 785-1985 number come from the police, parents and business people (confronted with potentially troublesome customers) to intervene

"To keep people out of the hospital, follow-up is crucial . . . people need to know they aren't alone."

when a person's psychological problems mount to a "distress situation."

Often the call comes from the person in trouble. "We get calls that range from people not feeling well and not being able to cope," said Jones, "to those who are physically aggressive."

"We work at crisis intervention," said Jones. "We are dealing with psychiatric and emotional disorders of people

continued on page 2

Mental health items cut by Gov. George Deukmejian from the 1983-84 state budget "will result in extensive curtailments for the (Los Angeles County) Department of Mental Health" totaling \$10 million, according to Dr. J.R. Elpers, department director.

These curtailments "will force the elimination of all items on our cut list," according to Elpers, with 30,000 less people served. There also will be additional inservice training cuts due to an additional cut of \$2.25 million state-wide, \$3 million for the county, in training programs not in the governor's original proposed budget.

In an analysis for the Board of Supervisors of the impact of the budget on the county's mental health services, Elpers stated that the budget cuts will mean an \$8.8 million total ongoing curtailment, representing an 8.1 percent cut in the base State General Fund/Net County Cost budget.

Delayed implementation of these cuts, because the state was three weeks late in passing and signing the budget, will require an additional \$1.2 million cut, because of the time it takes to close programs and eliminate staff. This brings the total to \$10 million reduction in programs.

"These mental health services reductions represent a potential disaster," stated Elpers to the supervisors. "In spite of a 20 per-

cent state funding reduction in the Department of Mental Health operated services over the past several years, we have increased our units of service by 46.2 percent; reduced cost per unit of service, (while extending hours to evenings and weekends); reduced central overhead cost to 4.7 percent, instituted 24-hour, 7-days per week mobile emergency services; reduced state hospital utilization by 24 percent; and concentrated

continued on page 6

INSIDE:

RIGHT TO REFUSE MEDICATION
PG. 3

INSANITY DEFENSE COMPARED
PG. 4-5



Tickets to a dramatization of poet Sylvia Plath's correspondence with her mother, "Letters Home," will benefit the Project Return Center. See story page 2.

NEW HOURS, CHANGES IN SF/AV REGION

Beginning Sept. 1, the San Fernando/Antelope Valley Region of the Los Angeles County Department of Mental Health will provide an evaluation and stabilization unit.

Two programs are being augmented to provide this service.

In conjunction with the PET (Psychiatric Emergency Team), the unit will provide both in-unit and mobile evaluations.

As augmentation to the region's acute day treatment staff, the unit will provide stabilization services. This combination will result in availability of acute day treatment services seven days a week and expanded hours for the day treatment program, from 8 a.m. to 10 p.m. on weekdays and from 9 a.m. to 5:30 p.m. on weekends.

"People that need to be stabilized will be able to come in and be taken care of, and then if they require ongoing service, they would be seen by the same staff, but would be part of acute day treatment," said Stephen Wilson, M.D., regional medical director.

"We're working closely with Olive View's (Hospital) emergency room. It's not an attempt to replace the emergency functions of Olive View."

Another change, completed July 1, is the reorganization of the region's day treatment system, following recognition, Wilson said, of two problems. There were no habilitative day treatment services in the western part of the region and no county socialization programs at all in the region.

Day treatment services have been consolidated, with acute day treatment and five-day a week habilitative day treatment now located at Central Valley Mental Health Services. A small Spanish-speaking day treatment program still operates in San Fernando.

There will be three-day a week habilitative day treatment and twice a week socialization programs both at East Valley and West Valley Mental Health Services. Both are done through shared staff with the outpatient clinic, Wilson said.



At the opening ceremony for the Weingart Center are Los Angeles Mayor Tom Bradley and Judge Billy Mills with Paul Nolte president of Volunteers of America (l to r). Seated between Bradley and Mills is Franklin Murphy chairman of Times Mirror Corporation. The center is the result of a funding partnership of government, business and community interests providing services to skid row residents.

FREE SERIES FOR FAMILIES OFFERED

Metropolitan State Hospital and Alliance for the Mentally Ill — Norwalk are sponsoring a six-session informational lecture/discussion series for families of mentally ill persons.

The free series begins on Thursday, Sept. 15, and continues until Oct. 20 on Thursdays at 7:30 p.m. in the hospital's learning community building, room 229, 11400 Norwalk Blvd., Norwalk.

The opening session is "The Schizophrenias," with "Primary Affective Disorders and Other Psychoses" on Sept. 29. Both discuss causes, treatment and prognosis.

On Sept. 29, "The Law and Patients' Rights" session contains information on how the Lanterman-Petris-Short Act limits involuntary treatment, probable cause and writ hearings, what families can do and patients' rights in the hospital.

Topics included in "Conservatorship

Issues," the Oct. 6 session, are definition of grave disability, the family's role in the application and investigation process, should a relative become the conservator, and powers and responsibility of the private conservator.

"Planning for Hospital Discharge" and "Community Placements" is the Oct. 13 session, containing discussion on family participation, alternative aftercare plans and Supplemental Security Income (SSI).

The series ends on Oct. 20 with "Services Following Hospitalization." This will include information on Los Angeles and Orange Counties mental health services, case management and the Alliance for the Mentally ill, a group for relatives and friends of the mentally ill.

Attendance at all sessions is recommended but not required. For more information, call the hospital's community liaison office, 863-7011.

JONES CONTINUED FROM PAGE ONE

who are at risk of hospitalization or re-hospitalization.

"We try to provide alternatives. We use outpatient services, day treatment programs, residential care homes and agencies like Somos Amigos (a short-term, residential crisis center)."

Both Jones and the program are award winners. She was named "Most Outstanding Nurse in the Mental Health Department" and the program was honored by the National Association of Counties for its "inventiveness."

"I was surprised," said Jones of winning the county award, "I was going to attend the ceremony with another nurse. I never thought the winner would be me." The Nurses Recognition Week award cited Jones' contributions to the county, to the profession and her organizing of the PET. Nurses Recognition Week was part of the "May is Mental Health Month" activities.

Each regional director submitted recommendations for the award. Jones was recommended by Roberto Quiroz, M.S.W. San Fernando Valley Regional director. There were regional winners and a county winner, which was Jones.

Jones earned her B.S. degree and took nurse's training at the Tuskegee Institute, Tuskegee, Alabama. With psychiatric nursing as her speciality, she joined the county in 1959, in the diabetic ward of Los Angeles County General Hospital.

She was made acting head nurse and in 1963 she finally got her transfer to the psychiatric "disturbed" ward. "When you start with the county you don't always start where you want. But that first experience, working with

some of the most severely mentally ill, has been invaluable to me."

Jones is a facilitator for the Receivers Club of Project Return, a federation of self-help groups for the recovering mentally ill, and heads a networking group of several agencies.

But Jones is most proud of PET, Centralized in the region since March 1981, it covers San Fernando, Santa Clarita and Antelope Valleys — 2,500 square miles and about 1.6 million people.

"Centralization has allowed for more continuity and better service and enables us to serve a greater population," said Jones.

"I feel like it's my program," said Jones, "but the success is due to the team and the way we work together."

One team of eight members answers all calls, two at a time go out and they may request police back up. Jones tries to have the person who answered the call respond in person.

Members include a psychiatrist, nurse, community mental health technicians, one unlicensed mental health worker who assists the team and a Spanish-speaking therapist.

"We started working 8 a.m. to 7:30 p.m. but that wasn't enough time, then we went from 8 to midnight and that still wasn't enough. Now we provide both day and night service.

"I think the team members are so dedicated," said Jones, "because we accomplish things. Because we are centralized we don't rotate so often and have a chance to work with our clients.

"We do have enough people so that some can be off. We can be flexible and no one has to be on call all the time, five days a week. I also have an open

door policy so we have good working relationships.

"I also think we're so dedicated," said Jones, "because we know there are so many people who need service and we are the only emergency program around. A lot of people don't know about us, but when they do find out, they're glad we're here, especially when they're having problems."

Jones is also pleased with the team's follow-up program. "We work to promote well-being and we check at least three times to be sure the patient is in connection with the referral. When you want to keep people out of the hospital, follow up is crucial. Often the people we see simply need some kind of interaction and attention; they need to know they are not lost and alone"

There have been times when, with particularly violent patients, Jones has feared for her life. "But that is part of the job. You have to be alert and aware of things that might occur"

The counselors, who often rely on the police, would rather use the power of conversation of stabilize a psychologically troubled person who may be unable to care for himself or on the verge of hurting others.

"We don't want anyone to get hurt; but we don't use restraints or threaten people. That's why the police are so important to us and vice versa — I think there is mutual admiration.

"I feel good about our work," said Jones, "and I think the rest of the team does too or they wouldn't be so agreeable to working 24 hours a day. They are caring, dedicated people.

"I think the greatest thing is being able to help people."

FILM TV BOOKS

'Letters Home'

Poet Sylvia Plath wrote 696 letters to her mother during her life before committing suicide at age 30.

This correspondence is dramatized in "Letters Home" by playwright Rose Leiman Goldemberg, in which every line from the play is drawn from these letters.

A performance of the drama to benefit the Project Return Center will be held on Monday, Aug. 22 at 8 p.m. at the Century City Playhouse, 10508 W. Pico Blvd., Los Angeles.

Produced by the Burbage Theater Ensemble, this two-character, two-act production follows Plath from adolescence to her death in 1963 and chronicles her desperate attempt to overcome intense inner pressure to perform well as a student, wife and writer. It is also the story of a mother trying to aid her talented daughter and to understand the truth of her daughter's life and death.

"Sylvia Plath was such a brilliant young writer who was able to express her thoughts and feelings so clearly that, through dramatization of her letters, it gives us an opportunity to get a better understanding of a person going through emotional illness," said Susan Ronec Mental Health Association in Los Angeles County vice president for centers.

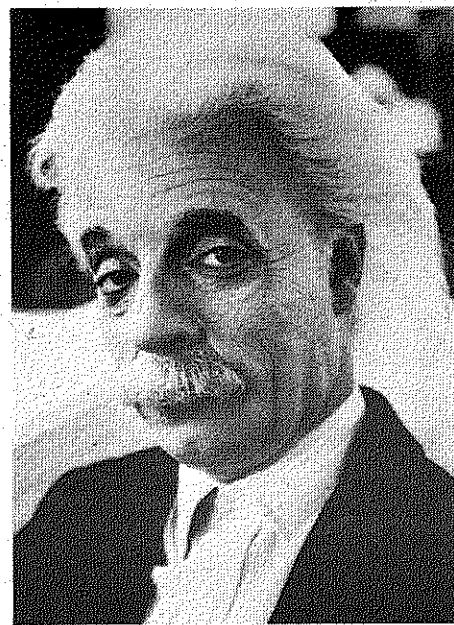
In his review, Willard Manus of the Century City News said Plath "was a mixture of drive and self-doubt, exuberance and despair, optimism and pessimism."

Plath is the author of "The Bell Jar" and for her "Collected Poems" published in 1981, she was posthumously awarded a Pulitzer Prize.

Debbie Divine portrays Sylvia Plath and Barbara Perry is Aurelia, Plath's mother. Manus wrote in his review, "What a pair they make on stage, a couple of wonderful actresses who are tested hard by the text, made to really reach and take chances. 'Letters Home' has it all — superb acting, a fine production and a skillfully wrought script that pays full justice to the rich talent of the late Sylvia Plath." Ivan Spiegel is the director.

Tickets are \$15, with seating only for 50, available on a first-come, first-serve basis. For ticket information, call Susan Ronec at 472-0834 or 472-4926.

'Einstein'



Polinsky as Einstein

A special performance of "Einstein: The Man Behind the Genius," a one-man show, will be presented to benefit Project Return, a program of the Mental Health Association in Los Angeles County.

The play will be performed on Sunday, Oct. 2, at 7:30 p.m. at the Miles Theater in Lincoln Park, 1131 Seventh St., Santa Monica.

Winner of the National Dramalogue Award for acting and directing in 1980, the play is described by "London Stage and Television Today" as "an entertaining insight into the private as well as the professional life of the humble scientific genius who changed the way we look at the universe."

"Einstein: The Man Behind the Genius" is written and directed by Willard Simms, with Steve Polinsky as Einstein. The Los Angeles Times called his portrayal "skillfully rounded . . . an altogether deft impersonation."

Tickets are \$15 and \$25, and donations are tax-deductible. The \$25 ticket includes a cocktail party with the actor following the performance.

For ticket information, call the Mental Health Association in Los Angeles County at 629-1527.

RIGHT TO REFUSE MEDICATION DECIDED BY COURT

A federal judge has approved a consent decree in the Jamison vs. Farabee "right to refuse medication" case that will give patients involuntarily committed to Napa State Hospital a voice in the medications they are given.

"This is a victory for the mentally disabled," said James Preis, executive director, Mental Health Advocacy Services Inc. "The agreement shows that both sides, the plaintiffs and the state, recommend an end to forced medication."

The decree reads in part that administering medications without informed consent is in violation of a patient's "federal constitutional rights to due process."

Attorneys on both sides of the case termed the settlement as striking a balance between the rights and the needs of the mentally ill.

Though the ruling applies only to Napa State Hospital for now, it is expected to include the 2,500 mentally ill patients at Camarillo, Metropolitan and Patton State Hospitals by next year.

"The order calls for the change to be piloted at Napa; Napa is different from Metropolitan," said Dr. Samuel Rapport, medical director of Metropolitan State Hospital.

"Metropolitan has six times the admissions and Napa rarely sees a 72-hour hold. What works there may not necessarily work at Metropolitan or any other large urban facility.

"When you take medication away you are going to need an increase in staff. Duration of hospital stay will increase and those costs will escalate," said Rapport.

Informed Consent

U.S. District Court Judge William Orrick approved the decree that said, "involuntary adult patients must give knowing, informed consent for psychotropic medications before they can be used."

Informed consent is defined as telling patients about the nature of their condition, the dosage, purpose, benefits and nature of a medication, all its side effects, reasonable alternative treatments and the patient's own legal rights.

Then the patient would be asked to sign a consent form or provide some other means of consent before the anti-psychotic drugs may be administered.

"We must stop misuse and illegal uses of medication for control," said Preis. "We must insure that medication is not used as a substitute for treatment or used to insure control."

Said Barbra Lurie, chief, Patients' Rights Office, Los Angeles County Department of Mental Health, "The ruling is aimed to curb the overuse and misuses of medication, for custodial care on an overcrowded ward, for example, so patients are not medicated just so they will not be an administrative bother. The ruling leaves intact a physician's ability to give medication if indicated."

Independent Review

A key part of the decree is the role of the third party, "independent" reviewers. These independent decision makers, state-appointed psychiatrists, will be called within three working days to determine a patient's competence and determine if the medication is necessary. Independent reviewers have yet to be hired by the state but will be chosen by Dr. Steven Shon, deputy director of the state Department of Mental Health, one of the defendants in the case, and the patients' right office in Sacramento.

Written into the decree are instances when the doctor can override the third party review and administer medication: in an emergency situation, when the patient presents "a danger to self or others," when the patient is "undergoing substantial deterioration" and when a conservator has been judicially empowered to consent for the patient

if an independent reviewer determines the drugs are necessary.

If a treating physician determines that a gravely disabled patient lacks the capacity to give informed consent, the doctor may still administer medication, but an independent physician must be called to review the matter.

Only if the independent physician believes the patient does have capacity must medication be terminated.

Also, if a physician believes a gravely disabled patient, who is refusing medication, has the capacity to give consent, but his or her condition will "substantially deteriorate" without medication, then an independent physician must concur before medicine is administered.

"I see the ruling as a little step forward," said Lurie. "It makes people pay attention to the issue and allows for double checking and monitoring."

Medications at issue include powerful tranquilizers used to control symptoms of schizophrenia. Also at issue are Thorazine, Haldol, Prolixin, Mellaril and Stelazine. Some drugs can produce debilitating and sometimes irreversible side effects such as shaking, hallucinations, apathy, restlessness, sexual inability, painful muscle contractions and tardive dyskinesia, a neurological disorder marked by involuntary motor movements of the face, lips, tongue and fingers.

As the decree is written, information must be given to patients in writing and patients' rights advocates will be notified of each refusal or failure to provide informed consent.

States the decree, "The patients' rights advocate shall discuss with the patient the patient's objections, if any, to the medication and shall, whether or not present at the review, provide the independent reviewer a written statement of the patient's reason for refusing medication. . . ."

"There is now recognition that some people may be disordered," said Lurie,

"but competent to make treatment decisions — disordered is not synonymous with incompetent.

"Patients need to have the opportunity to make decisions, be independent and be brought into the treatment plan. This is more therapeutic and I think the goal is to make people independent and responsible.

"When the ruling first came down," said Lurie, "people were angry — they thought it would be a case of the inmates running the asylum. But this is a compromise between the American Civil Liberties Union, the state Department of Mental Health and the California Psychiatric Association.

"People are not aware of the implications of the ruling. The decree makes ample allowances, is a modified approach and is no cause to be upset."

Necessary Medication

Said Lurie, "Doctors are not barred from giving medication. The only ways they cannot give medication is if the situation is not life-threatening; the patient has the capacity to sign an informed consent form; the patient is refusing medication; the doctor does not believe the patient will deteriorate, now or in the future; and medication is not a 'necessary part of the treatment plan.'"

Necessary medication is defined in the decree as a "part of the treatment plan when the patient is incapable, without medication, of participating in any treatment plan available at the hospital that will give the patient a realistic opportunity of improving his/her condition, and administration of medication could be expected to render the patient capable of such participation; and the benefits of the medication outweigh the risks of adverse effects, and the patient's objections, if any, to the medication; and medication is the least restrictive form of treatment reasonably available."

"We believe that medication must be prescribed by a medical professional

working with the patient, not in any wholesale manner," said Helen Teisher, president of the California Alliance for the Mentally Ill (CAMI), a statewide organization of families of the mentally ill.

"Too often medications are administered without proper concern for the fact that they are powerful and carry with them risks of severe side effects.

"We believe that if patients are not involved in treatment decisions that this will lead to labeling of the mentally ill as incompetent. To ignore the patient who is taking medication will encourage infantilism, reduce self-esteem and increase stigma because people will conclude the patients are not capable of understanding their treatment. This makes reintegration into the community even more difficult.

"We are adamant in our demands that the treatment (in the institution) be worth the commitment. And we believe that carefully administered, constantly monitored, usage of drugs is, for the time being, the most effective form of treatment we have," said Teisher.

"There is no absolute right to refuse," said Preis, "so that if a patient lacks capacity he or she will receive necessary medication."

Defendants in the case were the directors of the state Department of Mental Health, the state Department of Developmental Services, and the state Department of Health Services.

Judge Orrick will retain jurisdiction over the case so the consent process can be "fine tuned and debugged."

SSI BENEFITS REINSTATED

A June 16 order from Federal Court Judge William P. Grey restored supplemental security income (SSI) disability benefits to about 72,800 persons whose benefits had been wrongly terminated.

"We are telling people to go and seek reinstatement," said James Preis, executive director of Mental Health Advocacy Services Inc. "As far as we know there have been no more terminations."

The order came as a result of a class action suit filed earlier this year by Mental Health Advocacy Services Inc. (MHAS), Western Center on Law and Poverty and Legal Aid Foundation, along with other public interest groups.

While people are being reinstated, said Preis, they still haven't seen any checks. "No mechanism has been set up to implement the order," said Barbara Bennett, a senior attorney with MHAS. "There continue to be delays on the part of the Social Security Administration (SSA), including setting up the computer to make payments."

Judge Grey also ordered the Social Security Administration to notify such persons within 60 days of their right to benefits.

"The SSA hasn't sought a stay of order and we have no indication that it will," said Preis.

But the MHAS was back in court in late July for further clarification. According to Bennett, the SSA had objections to the form of the notice and brought up the issue of over-payment.

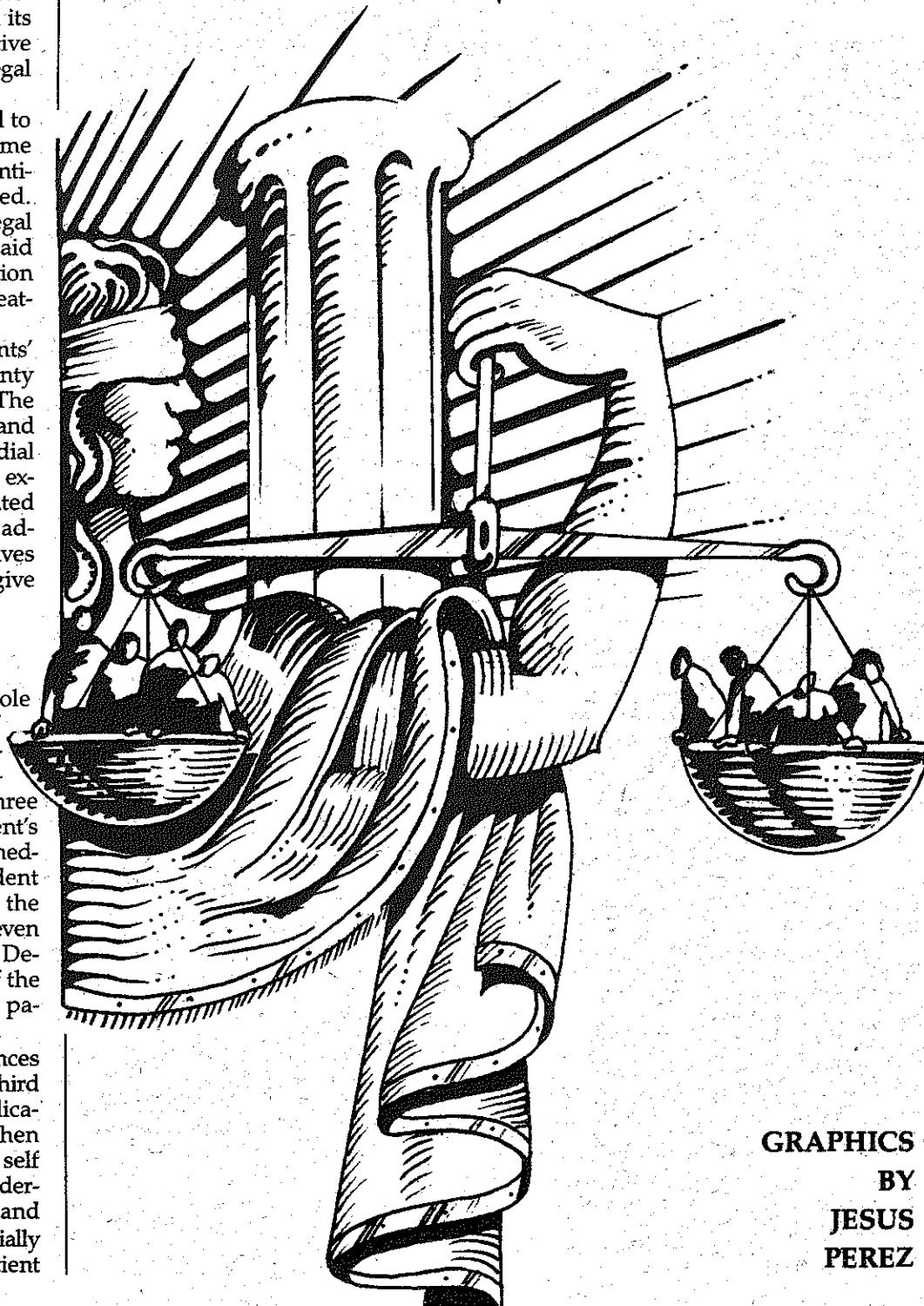
"They argued that if people were reinstated they could be overpaid," said Bennett. If it was then determined that the initial decision to terminate was correct, the person would have to pay back the extra money.

"We have argued that persons should receive payments until they are terminated under correct legal standards. We are arguing that most people were terminated under the wrong standards," said Bennett.

The court order states in part, "such person may apply for reinstatement of benefits if he or she believes that his or her medical condition has not improved following the granting of disability benefit."

"As soon as both sides agree and all the details are cleared up, we should win," said Preis.

After contacting the local Social Security Office, persons having difficulty being reinstated for benefits may call Mental Health Advocacy Services Inc., 650 Spring Street, Suite 807, Los Angeles, CA 90014, (213) 623-1419.



GRAPHICS
BY
JESUS
PEREZ

POSITIONS ON INSANITY

NATIONAL COMMISSION ON THE INSANITY DEFENSE

The insanity defense should be retained in all jurisdictions

"Many of the assertions . . . for its abolition are simply not borne out by the facts. The commission strongly believes that the virtual elimination of the insanity defense is unnecessary for the protection of the public, unwise as a matter of public policy, and a radical departure from one of the basic precepts of our jurisprudence. Abolishing the insanity defense simply will not make the problems go away."

The alternative verdict of 'guilty but mentally ill' should not be adopted

"The 'guilty but mentally ill' verdict is unnecessary for the appropriate disposition of defendants, and . . . is a misleading verdict which will not serve to simplify criminal trials. The commission found serious problems associated with the verdict and questions whether it serves any useful purpose at all."

The insanity defense should be an affirmative defense with the burden of proof on the defendant to prove that defense by a preponderance of the evidence

"The insanity defense cannot be tested against ordinary experience nor can it be linked to external reality. For these reasons . . . the burden should be on the defendant who chooses to rely upon the insanity defense. The commission's preference is simply to recognize legal insanity as an affirmative defense, to be put forward and established by the defendant after the prosecution has fulfilled its constitutional obligation of proving every element against the defendant."

The insanity standard or 'test' should include both cognitive and volitional elements

"Those who perceive practical difficulties in the volitional prong of the ALI test have misdirected their attack. The problem in the ALI Model Penal Code is not in the volitional element but in placing the burden of proof on the prosecution. Few would dispute the moral predicate of the control test or that both cognitive and volitional aspects better conform to 'the modern view of the mind . . .'. The commission believes . . . that in light of its Recommendation 4, placing the burden of proof on the defendant in insanity defense cases, the adjudicative difficulties perceived by others in the volitional test ought to be minimized or eliminated."

Mental health experts in proceedings involving the insanity defense should not testify on the ultimate legal issues

"Expert witnesses should testify within their area of specialized knowledge and not to the ultimate legal issues of whether or not the accused was legally insane at the time of the alleged act. That determination is within the province of the fact finder. However, psychiatrists and other mental health experts should not be limited beyond the limitations placed on any other experts in judicial proceedings."

AMERICAN BAR ASSOCIATION

Elimination of insanity as an independent, exculpatory doctrine should be rejected out of hand

"The basis for the insanity defense is a moral one. To label as criminals those so severely disturbed that they could not appreciate the wrongfulness of their acts offends the moral tenets of the criminal law and, we submit, would offend the moral intuitions of the community. The abolitionist approach . . . would prevent the exercise of humane moral judgment — and it is that exercise which has distinguished our criminal law heritage."

Statutes which supplant or supplement the verdict of not guilty by reason of insanity with an alternative verdict of 'guilty but mentally ill' should not be enacted

"The 'guilty but mentally ill' verdict offers no help in the difficult question of assessing a defendant's criminal responsibility. It also lacks utility in the forward-looking determination regarding disposition. The verdict is a moral sleight-of-hand which simply will not do."

The prosecution should have burden of disproving insanity beyond a reasonable doubt if only the cognitive standard is used: If cognitive and volitional test is used, defendant should have the burden of proving insanity by a preponderance of the evidence

"The burden should fall upon the prosecution to disprove a defendant's claim of insanity in those states using a test which focuses solely on whether the defendant . . . was unable to know, understand or appreciate the wrongfulness of his conduct. This . . . recognizes that a narrowing of the insanity test requires that the 'risk of error' remain with the prosecution. Jurisdictions employing the combined cognitive-volitional test should shift the burden of proof to the defendant. The shift is thus a *quid pro quo* for the greater latitude implicit within the volitional part of the test."

The insanity standard should be modified by eliminating the volitional aspect of the test

"Our grounds for recommending the rejection of (the cognitive-volitional test) are based upon the fact that psychiatric concepts of mental abnormality remain fluid and imprecise. Our proposal will eliminate expert speculation in these highly subjective areas and will . . . help psychiatrists, counsel and courts focus on those legitimate and more objective psychiatric factors which should be taken into consideration in determining responsibility for crime. The standard should use the term 'appreciate' rather than 'know' in order to take into account the emotional or affective dimensions of severe mental disorders and thereby . . . facilitate a full clinical description of the defendant's perceptions and understanding at the time of the offense. Also, the standard should use the term 'unable' rather than 'substantial capacity' in order to pose 'for the jury a more concrete question' and reduce the risk that juries will interpret the test too loosely."
Proposed standard: "The American Bar Association approves, in principle, a defense of non-responsibility for crime which focuses solely on whether the defendant, as a result of mental disease or defect, was unable to appreciate the wrongfulness of his or her conduct at the time of the offense charged."

NO RECOMMENDATION

Prepared by the National Mental Health Association, Public Policy Department (with selected quotes). The reports compared in this analysis are: "Myths and Realities: A Report of the National Commission on the Insanity Defense," 1983; "American Bar Association Policy on the Insanity Defense," 1983 (includ-



Crisis Evaluation Unit staff members Marty Wade, shift supervisor; Harriette Payne, community mental health technician II; George Wagner, assistant program director; Slettie Jones, shift supervisor; Shirley Gibson, shift supervisor; Suzette Abend, psychiatric social worker; and Dan Preciado, community mental health technician (l-r, back row); and Chuck Veals, program director; Shirley Michaels, supervising clerk; Lilia Reyes, intermediate typing clerk; and Bill Valdivia, community mental health technician II (l-r, front row).

LA COUNTY CRISIS UNIT STAFF JACKS OF ALL TRADES, ALL HOURS

At the Crisis Evaluation Unit (CEU), the vast majority "of patients we see are severely chronically disabled who, for all intents and purposes, have fallen through the cracks," said Charles Veals, M.S.W., CEU program manager.

"By the time the client arrives at the CEU, the system has exhausted all avenues open to it and then we begin exploring other types of alternatives. We're constantly advocating for the patients. A lot of times they're caught in the system's problems," Veals said.

The CEU, a Los Angeles County Department of Mental Health program, is a 24-hour, seven day a week emergency walk-in facility, located on the grounds of Metropolitan State Hospital in Norwalk.

First opened in 1972, the CEU, although situated within the county's Coastal Region, became part of the San Gabriel Valley Region when the Department of Mental Health regionalized in 1979.

"San Gabriel Valley was the only region without a major county hospital or 24-hour holding facility. The CEU was assigned to it for that purpose," Veals said. "We serve as 24-hour emergency psychiatric intervention for the region, but not limited to the region, because anyone who shows up here will receive the same services."

While the residents of San Gabriel Valley are the program's "target population," it also sees "walk-in" clients, persons who arrive at the CEU voluntarily or those brought in involuntarily detained, through Section 5150 of the Welfare and Institutions Code. About 25 to 30 percent of CEU's clients are from outside the San Gabriel Valley.

"We are all Los Angeles County Department of Mental Health," said Veals. "We all have responsibility to the residents of Los Angeles County, regardless of their region of residence. Our responsibility is to the patient; sometimes a lot of people lose sight of that."

Of the clients arriving at the CEU, 80 percent are brought in on an involuntary hold, including 25 percent from law enforcement agencies, not only from San Gabriel Valley, but also from the Coastal, Southeast and Central Regions, said Veals. The remaining 20 percent are voluntary walk-in clients.

"In San Gabriel Valley, we have a policy of working closely with the police. Police officers know if they come here with a patient, the patient is going to be accepted, and they (officers) are only going to be held here a short time," Veals said.

Sixty percent of the CEU's emergency admissions occur after 5 p.m., "when there are no outpatient services readily available," according to Veals.

The role of the CEU is to do "evaluation, triage and linkage," he said.

"We determine the level of care the patient needs and act accordingly," Veals said. "We will admit to the state hospital as a last resort. What we are attempting to do is get the patients in a treatment setting in their own community. Those who are admitted to the state hospital system are those who need that level of care."

"Usually when a person shows up here, community services, whatever they were, have failed, or there weren't any communi-

ty resources, and they see the state hospital as the last alternative. A lot of education is done to acquaint persons with what services are available," he said.

Approximately 40 to 45 percent of CEU's clients are admitted to the state hospital. The rest are referred to different types of outpatient programs, with the majority to treatment and some to residential programs.

Veals called the CEU staff "jacks of all trades." The staff person assigned to a client is "totally responsible for the patient's needs," including evaluation, therapy, case management and linkage; "there is no division of labor." All patients are seen by the CEU's psychiatrist.

The CEU is designed to hold patients for less than 24 hours, but "the patient may remain longer while the appropriate level of care is sought," according to Veals.

"Resources have dwindled. Admissions to the state hospital have become more difficult," he said. "Initially, the average length of stay was 16 hours."

"We have become a quasi-treatment facility due to the increased length of stay of clients here, with limited staff."

The CEU is "the main county agency that relates to Metropolitan" said Veals. "We are the gatekeepers and we coordinate all Los Angeles County admissions to the (Metropolitan) state hospital."

Clients brought in by law enforcement agencies have the highest priority for state hospital admittance, followed by outpatient clinics, then hospitals without psychiatric settings and finally hospitals with psychiatric settings, according to Veals. Superseding all this are Penal Code patients, because "they are under court order to be moved," he said.

The CEU also has the function of coordinating the mental health alert, activating a group of mental health professionals who specialize in working with law enforcement agencies in hostage and barricade situations when those situations occur. It also coordinates the San Gabriel Valley Region's afterhours program.

Veals spoke on the effects the budget cuts suffered throughout the county have had on the work done by the CEU.

"We know when something's been changed within the department. The system is finely tuned. There is no margin for error. When you shut down a clinic, something has to happen to that community. We rely heavily on resources that are becoming non-existent," he said. "We may spend several days working with the patients, and then the clinic gives an appointment five weeks away, so they de-compensate and are back here. There was a time when we could call and they'd say 'could the patient come in this afternoon?' Within the San Gabriel Valley, the policy is any patient referred by the CEU will be seen that day or within 24 hours."

"Within the past year, we have been coming into contact with patients who are more severely ill than in prior years," he said. "A good percentage are requiring some kind of treatment."

"There used to be a fair number of voluntary patients. What we're starting to get now is more and more emergencies."

"The budget cuts are having a devastating effect on the ability of the department to deliver services."

DEFENSE COMPARED

AMERICAN PSYCHIATRIC ASSOCIATION

The Insanity Defense should be retained in some form

"The insanity defense rests upon one of the fundamental premises of the criminal law, that punishment for wrongful deeds should be predicated upon moral culpability. Retention of the insanity defense is essential to the moral integrity of the criminal law."

A 'guilty but mentally ill' verdict should not be adopted to either supplement or take the place of the traditional insanity defense

"Were 'guilty but mentally ill' to be the only verdict possible . . . this would be the abolitionist position in disguise. As an alternative choice to the insanity defense the verdict offers a 'compromise' for the jury. Juries may avoid grappling with the difficult moral issues . . . instead settling conveniently on 'guilty but mentally ill.'"

NO RECOMMENDATION

"The American Psychiatric Association is exceedingly reluctant to take a position about assigning the burden of proof in insanity cases. This matter is clearly one for legislative judgment. This matter clearly requires further empirical study."

The Insanity Standard should be modified by eliminating the volitional aspect of the test

"Many psychiatrists . . . believe that psychiatric testimony . . . about volition is more likely to produce confusion for jurors than is psychiatric testimony relevant to a defendant's appreciation or understanding. Any revision of the insanity defense standards should indicate that mental disorders potentially leading to exculpation must be serious. Professor Bonnie's model statute on the insanity defense is one which does permit relevant psychiatric testimony to be brought to bear on the great majority of cases where criminal responsibility is at issue."

Proposed Standard: "A person charged with a criminal offense should be found not guilty by reason of insanity if it is shown that as a result of mental disease or mental retardation he was unable to appreciate the wrongfulness of his conduct at the time of the offense. As used in this standard, the terms mental disease or mental retardation include only those severely abnormal mental conditions that grossly and demonstrably impair a person's perception or understanding of reality and that are not attributable primarily to the voluntary ingestion of alcohol or other psychoactive substances."

The Association is not opposed to Legislatures restricting psychiatric testimony about the ultimate legal issues concerning the insanity defense

"We adopt this position because it is clear that psychiatrists are experts in medicine, not the law. Psychiatrists, of course, must be permitted to testify fully about the defendant's psychiatric diagnosis, mental state and motivation (in clinical and common sense terms) at the time of the alleged act so as to permit the jury or judge to reach the ultimate conclusion about which they, and only they, are expert."

On several topics the National Commission on the Insanity Defense stood alone, making recommendations; the other two groups, the American Bar Association and the American Psychiatric Association, chose not to comment.

The commission advocates changing the term "not guilty by reason of insanity" to "not responsible by reason of insanity."

Wrote the commission, "The legal definition of 'guilty' implies more than the physical act; it includes the ability of the accused to understand the nature of the act. Legally, the terms 'responsible' and 'guilty' are interchangeable . . . however, to the public, the word 'responsible' better communicates the legal definition as well as intent."

Media

The commission commented heavily on the role the media play in the treatment and perception of the mentally ill.

"The media should make a conscious effort to eliminate the pejorative references to and negative characterizations of the mentally ill and to substitute descriptions and portrayals that do not perpetuate the public's misconceptions or stereotypes.

"There remains a rather resistant contingent in the media who have not been sensitive to the way 'criminally' mentally ill are characterized in print and broadcast journalism. This is where efforts need to be directed."

Adequate Funding

Funding to insure adequate facilities and services for mental health care of those convicted of crimes and those acquitted by reason of insanity was also advocated for legislatures considering changes in the criminal justice mental health system.

"The commission finds the availability and adequacy of mental health care and treatment in prisons, jails and other correctional facilities to be woefully inadequate."

For this reason the commission recommends the National Mental Health Association convene a national commission on mental health treatment in correctional facilities. The commission "is especially concerned about the lack of treatment in prisons in light of the fact that new legislative proposals are often based on the promise of treatment."

Commission Guidelines

Both the commission and the American Psychiatric Association took positions on what should happen to those found "not responsible" by reason of insanity (the commission) and those found "not guilty" by reason of insanity (the APA).

The commission wrote, "Without appropriate dispositional statutes our society can be assured of neither the safety of the public nor treatment for those rare mentally ill persons who have committed criminal acts.

"Dispositional statutes must be sufficiently flexible to allow a variety of treatments for an acquittee, and, at the same time, be adequate to provide for the security of the community.

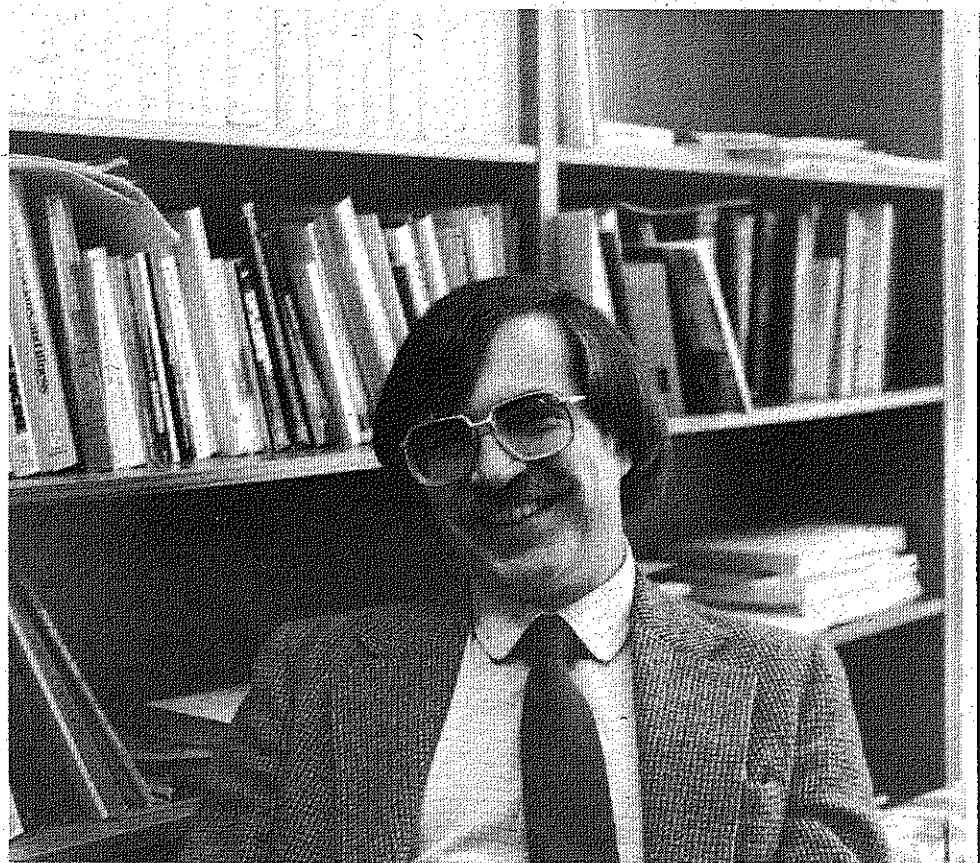
"Guidelines are: 1) limit statute to insanity acquittees charged with violent offenses, 2) upon acquittal there must be an immediate examination and hearing to determine whether a person is suffering from a mental illness and therefore could be a danger to self or others if released, 3) have court or quasi-judicial board make decisions concerning confinement, release and approval of treatment plan, 4) release should not be conditioned on availability of money and 5) board should have authority to reconfine.

APA Guidelines

The APA in its opinion wrote, "This is the area for reform where . . . the most significant changes can and should be made in the present administration of the insanity defense.

"The decision to release an insanity acquittee should not be made solely by psychiatrists or solely on the basis of psychiatric testimony about the patient's mental condition or predictions of future dangerousness.

"Guidelines are: 1) limit statute to insanity acquittees charged with violent offenses, 2) confinement and release decisions should be made by a board which includes psychiatrist and criminal justice system professionals, 3) release should be conditional on a treatment supervision plan with necessary resources, 4) board should have authority to reconfine and 5) insanity acquittee should be transferred to most appropriate non-hospital facility when maximal treatment benefit is obtained from hospital setting."



Dr. William Winslade

ANOTHER OPINION

PSYCHOLOGIST—ATTORNEY URGES ABOLITION OF INSANITY DEFENSE

"Some people may see my position as extreme," said Dr. William Winslade, "but I want to restore responsibility to the judicial process."

In his recently published book, "The Insanity Plea" (Scribner's; \$14.95) and the classes he teaches, Winslade explains and defends his "extreme" positions, one of which is the elimination of the insanity defense.

Winslade, adjunct professor of law and adjunct associate professor of psychiatry at UCLA, launched into an intense study of the insanity defense and its ramifications, along with Judith Ross, lecturer in psychiatry and co-author of the book.

Winslade and Ross advocate adopting the plea "guilty but mentally ill" instead of the current "not guilty by reason of insanity."

"You have to look at the way the system works in principle," said Winslade. "I can see why the public becomes outraged." Said Winslade, if the action in the case was done with intent and reckless disregard for another, (meeting the legal definition of guilt) then the person is guilty and mental illness should not be a consideration.

"The insanity defense does not respect the legal system. If people are sick they should be treated, not hide behind an inaccurate defense or evade punishment."

"We need to find out if the defendant is mentally ill after all the evidence is in," said Winslade. "Then we can decide what to do and what kind of treatment will best help the defendant, now patient.

"I want the state to come in and say, 'That kind of behavior is not conducive to life.' I want the person off the street and a decision as to whether the person is sick, nasty or simply lost control."

The insanity plea should be saved said Winslade, only if the burden of proof is on the defendant. "Dan White (alleged killer of San Francisco Mayor George Moscone and Supervisor Harvey Milk) didn't take the stand in his trial. He said he had committed the crime and was not responsible; the prosecution had to prove otherwise.

"Why wasn't he invited or required to testify? Dan White hid behind psychiatric testimony.

"I don't think the insanity defense respects the legal system. If people are sick they should be treated, not hide behind an inaccurate defense or evade punishment if they are well.

"Legal guilt is not terrible," said Winslade. "I think it shows respect to and responsibility for the mentally ill."

Winslade believes that money and effort should be expended on "what we can best do for the person and society. There must be discretion in sentencing. To deprive the person of care is not in our best interests or those of the person who committed the crime.

"We need to concentrate our efforts on what we will do with these people. We should not send a person to prison, when

many are released too soon, when they belong in a hospital. We must do all we can for the person; what is important is proper diagnosis and treatment."

Another area Winslade cites for reform is psychiatric testimony in court cases. He would eliminate testimony on a defendant's state of mind.

In their book, Ross and Winslade write that psychiatry is too "subjective and inexact to be the deciding factor in matters of life and death. How can a profession that recognizes no absolutes deal effectively with the ultimate absolutes of life and death?"

In the White case, one of seven insanity defense cases explored in the book, a defense-appointed psychiatrist visited White, solely for the purpose of gathering information for the trial.

"The psychiatrist talked to White for nine hours," said Winslade, "and later said he could tell what was going on in White's mind at the time of the crime."

Said Winslade, who also maintains a psychoanalytic practice, "We know that no matter how much time you spend with persons you can never know what's going on in their minds. Psychiatrists can't retrodiagnose a person's state of mind at the

time of crime.

The problem, as Winslade sees it, is that psychiatrists and psychologists, presumed to be expert witnesses on the workings of the mind, have been allowed to tell juries who is responsible and who is not and who is guilty and who is insane.

For this reason, he and Ross advocate the separation of the guilt and penalty phases of a trial.

"The ballgame is on the lawyer's turf and it's the legal job to distort psychiatric testimony. A trial is a battle of experts who try to outwit each other. Some psychiatrists enjoy it and get off on it, but most don't like to testify in court.

"We are not experts, especially at guessing the state of mind of a person we may not have seen before, and that doesn't take away from the profession.

"We can evaluate a person's present state, determine if he or she is crazy or not and evaluate what can be done."

In examining the role of psychiatrist and psychologists in the courtroom, Winslade concludes that they should be consultants, not authorities.

"Psychiatrists often come off as arrogant know-it-alls or even silly under cross examination. And both sides can be equally persuasive, serving only to confuse the jury."

Winslade and Ross have addressed their book to this confusion and to say that the two disciplines, law and psychiatry, have not worked well together in the courts. The authors say that until these differences are settled, there will not be responsibility in the judicial system.

BUDGET CONTINUED FROM PAGE ONE

our services on the most severely and chronically mentally ill.

"This budget will force a retrenchment of hours to regular working hours, reductions of services at many locations, the loss of 38 acute hospital beds and possible reductions of 24-hour mobile emergency services," Elpers stated. "Far more severely and chronically mentally ill persons will remain on the street or in the jail untreated. I anticipate a state hospital overutilization of at least 10 percent," he stated.

State hospital overutilization will mean that "according to state and legislative policy, the state will take money out of our budget, which would mean further cuts," Elpers

blems will worsen, creating an even greater need. Those funds must be restored."

Statewide cuts in mental health, as deleted by Deukmejian from the budget submitted to him by the legislature, total \$32.7 million.

Sally Mishkind, president, Mental Health Association in California, commenting on the statewide cuts, said, "During the past seven months, the legislature and the governor's staff have been carefully educated on the effects of his (governor's) proposed mental health budget cuts. The legislature finally recommended restoration of the cuts, yet — despite abundant evidence — the governor blue-penciled nearly one third more of

"Why is he knowingly misleading the public about the effects of his drastic, irresponsible and scandalous cuts in the mental health budget?"

said. "It would create an irreversible cycle. We would have to cut more programs and have to send more people to the state hospital.

"I hope the state will have the good sense not to enforce that policy, because if they do, they are eliminating local mental health services in this county as we know it," he said.

In his message to the supervisors, Elpers also stated, "Over the past few years, we have stretched our staff and our contractors as far as possible. With these reductions in programs, Medi-Cal revenues will not increase but will instead drop by \$1.6 million. The lack of support staff coupled with frustration and burn-out of line staff will cause efficiency to remain static or drop.

"The overload in the system brought about by demand far exceeding capacity can be expected to cause considerable distress both within the system, and the community," he said.

Parent's Fears

Don Richardson, Advocates for the Mentally Ill president and Los Angeles County Mental Health Advisory Board member said of the possible increased use of state hospitals, "Families realize that state hospitals cannot handle this increased load because of lack of beds and personnel. The only alternative is a drastic increase on Skid Row and in the streets.

"Parents have a great deal of concern and fear when this kind of disregard for their family member becomes evident through the actions of the budget process."

Of the training cut, Richardson said, "It is a concern of families that staff be kept current in the process of treating mental illness, because this is the only way humanistic treatment can be expected as their family members enter the mental health system."

In a statement on July 25 at a Los Angeles County Board of Supervises meeting, Supervisor Deane Dana said, "... we must all work together aggressively to convince the members of the legislature of our needs.

"We must convince them, for example, of the devastating impact nearly \$10 million in cuts will have on mental health. The programs lost will touch the lives of families across the county. Without the help now being provided, pro-

blems will worsen, creating an even greater need. Those funds must be restored."

blems will worsen, creating an even greater need. Those funds must be restored."

blems will worsen, creating an even greater need. Those funds must be restored."

blems will worsen, creating an even greater need. Those funds must be restored."

blems will worsen, creating an even greater need. Those funds must be restored."

blems will worsen, creating an even greater need. Those funds must be restored."

blems will worsen, creating an even greater need. Those funds must be restored."

blems will worsen, creating an even greater need. Those funds must be restored."

MHAB OFFICERS RE-ELECTED

At its June 23 meeting, the Los Angeles County Mental Health Advisory Board (MHAB) re-elected its officers.

Serving an additional one-year term are Alex Aloia, Ph.D., chairperson; Royal F. Morales, M.S.W., vice-chairperson; and Victoria Sofro, secretary.

The MHAB is a citizens advisory board to the Los Angeles County Board of Supervisors.

'SMASHING SUCCESS' —



Stewart and Lorna Goodman, Van Nuys. She is president of AMI-San Fernando Valley.



Bill Wardin and Norma Klemm. He is chairperson, Los Angeles County Alliance for Mental Health.



Darlene and James Skog, Santa Barbara.

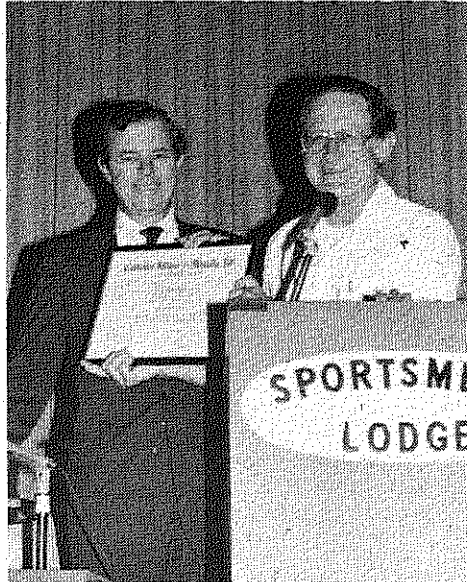


Julie Siegel, Brentwood, Jim and Esther Durkin, Los Angeles (l to r).

CAMI SUMMER CONFERENCE A 'TEAM EFFORT'



Los Angeles County Supervisor Deane Dana presented a commendation to CAMI President Helen Teisher of San Diego.



State Attorney General John Van de Kamp, keynote speaker on Friday, July 15, received a commendation from conference chairperson Don Richardson.



Fran and Tony Hoffman of San Mateo were given flowers in appreciation for the volunteer work they have done as CAMI's legislative liaison team.



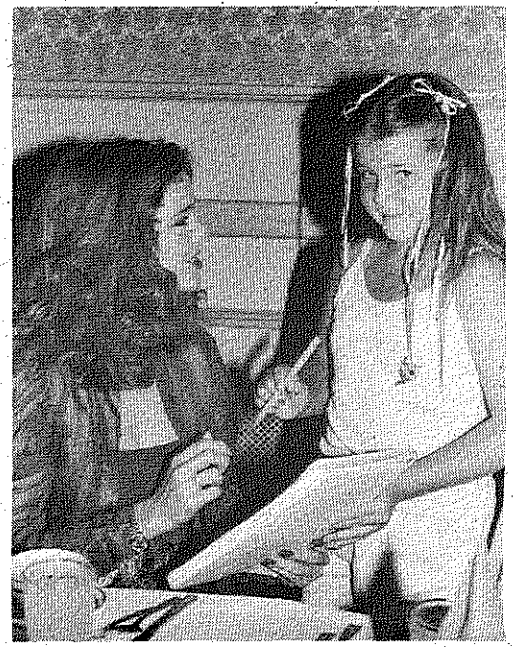
CAMI Executive Director Grace McAndrews explained California's legislative process as part of a workshop on "Political Action."

CALIFORNIA ALLIANCE FOR THE MENTALLY ILL

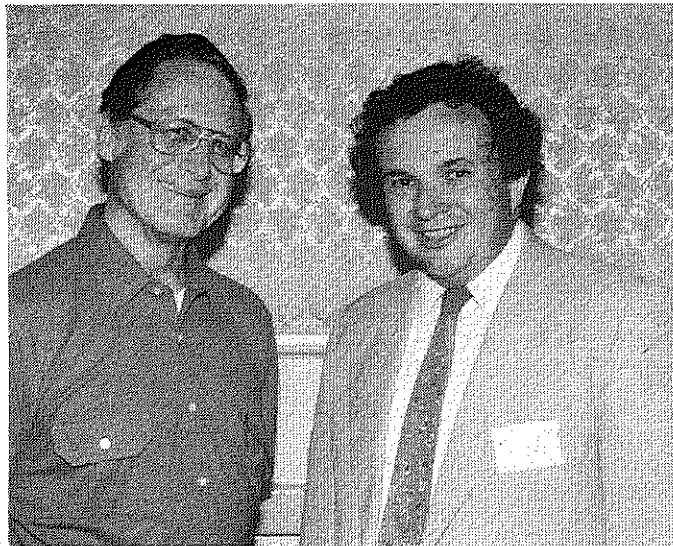
Six thousand members strong, the California Alliance for the Mentally Ill statewide conference attracted more than 400 delegates to Studio City.

Members attended workshops, listened to speakers and panels, honored volunteers and applauded "CAMI Saturday Night Live."

Central to the July 15-17 weekend was the members support for each other and their resolve to continue advocacy for the mentally ill.



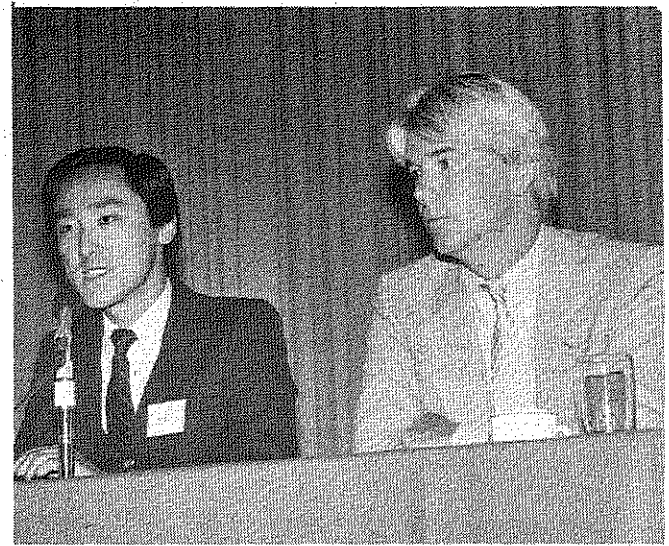
"General Hospital" star Robin Mattson, signing an autograph for Bronwyn Baker, was among the celebrities taking part in the "CAMI Saturday Night Live" entertainment program.



Conference chairperson Don Richardson and Dr. Samuel Keith, schizophrenia research director at the National Institute of Mental Health, who spoke on "New Strategies for Research in Schizophrenia" as a keynote speaker on Saturday, July 16.



The "CAMI Saturday Night Live" entertainment program included actress/singer Carole Wells and master of ceremonies Ralph Andrews, along with Mauryne Wells of Studio City, who coordinated the entertainment.



Dr. Steven P. Shon, State Department of Mental Health clinical deputy director, and Steven Fields, Progress Foundation in San Francisco executive director (l-r), were two of the presenters of a panel on "Community Residential Facilities."



Greg Lecklitner, Human Interaction Research Institute research associate, and Barbara Lurie, Los Angeles County Patients' Right Office chief, were two of the presenters of the "Patients' Rights and Advocacy" workshop.



Martin Meisner, of Alliance for the Mentally Ill - Norwalk; Bella Forster, South Bay Relatives and Friends president; and Los Angeles County Supervisor Deane Dana (l-r).

CALENDAR

Not meeting in August:
Advocates for the Mentally Ill
Help Anorexia — West Los Angeles

Not meeting in September:
Help Anorexia — West Los Angeles

August 2, 9, 16, 23, 30
September 6, 13, 20, 27

Ups and Downs: This self-help group for persons with depression or manic-depressive illness will meet every Tuesday from 7:30 to 9:30 p.m. at San Fernando Valley Community Mental Health Centers Inc., 6740 Kester Ave., Van Nuys.
Call 988-8050 for more information.

August 3, 10, 17, 24, 31
September 7, 14, 21, 28

Assistance League of Southern California Family Service Agency: An ongoing Alzheimers Disease family support group will meet on Wednesdays from 6 to 7:30 p.m. at the agency's West Los Angeles office, 11646 W. Pico Blvd., Los Angeles. Fee is based on a sliding scale. An initial assessment is required before joining this group.
Call 469-5893 for more information.

August 3
September 7

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

August 3, 17
September 7, 21

El Centro Community Mental Health Center: Women United, a free support group for battered women open to the community, will meet from 10:30 a.m. to noon in the center's room 237, 972 S. Goodrich Blvd., Los Angeles. Meeting topics will be "Legal Aspects of Battered Women" on Aug. 3, "Myths and Realities of Battering — Is There A Cultural Tolerance for Battering?" on Aug. 17, "What Kind of Woman is the Abused Wife?" on Sept. 7 and "What Roles do Husbands' and Wives' Families Play in this Relationship?" on Sept. 21.
Call 725-1337 for more information.

August 5, 19

Central City Community Mental Health Center: A "Free Summer Jazz" concert series will be held from 1 to 3 p.m. at 4211 S. Avalon Blvd., Los Angeles. Performing will be the Larry McCoy Jazz Report on Aug. 5 and Clara Bryant and Swe-Bop on Aug. 19.

Call 232-4111 for more information.

August 6, 13, 20, 27
September 3, 10, 17, 24

Teen Talk: This teen-age talk show, hosted by Joseph Feinstein, M.Ed., will air at 6 and 9 a.m. on KHJ-TV, Channel 9. August program topics will be "Sexually Transmitted Diseases" at 6 a.m. and "Herpes" at 9 a.m. on Aug. 6, "Teen Pregnancy" at 6 a.m. and "Prostitution" at 9 a.m. on Aug. 13, "Being Underprivileged" at 6 a.m. and "Marriage" at 9 a.m. on Aug. 20, and "Sex (Part One)" at 6 a.m. and "Sex (Part Two)" at 9 a.m. on Aug. 27. Topics of the September shows will be "Prostitution" at 6 a.m. and "The Future" at 9 a.m. on Sept. 3, "Herpes" at 6 a.m. and "Stress" at 9 a.m. on Sept. 10, "Grandparents" at 6 a.m. and "Spiritual Self" at 9 a.m. on Sept. 17, and "Mothers and Sons" at 6 a.m. and "Fathers and Daughters" at 9 a.m. on Sept. 24.

Help Anorexia

The South Bay chapter will meet on Aug. 1, 15, 22 and 29 and Sept. 5, 19 and 26 at 7 p.m. at St. Margaret Mary Church meeting room, 255th and Eshelman Streets, Lomita. Call 326-3763, from 6 to 8 p.m., for more information.

The San Fernando Valley chapter will meet on Aug. 3, 17 and 31 and Sept. 14 and 28 at 7:45 p.m. at 6240 Laurel Canyon Blvd., Suite 202, North Hollywood. Call 766-5663 for more information.

The monthly speaker meeting will be held on Aug. 8 and Sept. 12 at 7:30 p.m. at Torrance Memorial Hospital auditorium, 3330 Lomita, Torrance. Leonard Burman, M.D., gynecologist, will discuss "Effects of Anorexia Nervosa and Bulimia on the Female Reproductive System" on Aug. 8. Call 326-3763, from 6 to 8 p.m., for more information.

August 9
September 13

Alliance for the Mentally Ill — Norwalk: Meetings of this relatives and friends of the mentally ill group will be held from 7 to 9 p.m. at the Norwalk-La Mirada Unified School District administration building, 12820 S. Pioneer Blvd., Norwalk.
Call 864-4412 for more information.

August 9

Manos de Esperanza, San Fernando Valley Community Mental Health Center: A six-session Spanish-speaking parenting group will begin on Aug. 9 and continue on Tuesdays from 4:30 to 6 p.m. at 6740 Kester Ave., Van Nuys. Led by Sara Jimenez McSweyn, L.C.S.W., the group will concentrate on children ages 2 through 10. Both couples and single parents will be accepted, and an initial screening interview prior to the start of the group is required.
Call 988-8050 for more information.

August 10, 24
September 14, 28

Augustus F. Hawkins Community Mental Health Center and Mental Health Association in Los Angeles County: A family and friends support group will meet at 5:30 p.m. at the center, room 1119, 1720 E. 120th St., Los Angeles.
Call 629-1527 for more information.

August 10
September 14

Relatives and Friends of the Mentally Ill — Redondo Beach: This group will meet from 10 a.m. to noon at the Office of Mental Health Social Services, 2810 Artesia Blvd., Suite D., Redondo Beach.
Call 772-2188 for more information.

August 12
September 9

San Fernando/Antelope Valley Region RCLC will meet from 10 a.m. to noon at region headquarters, 5077 Lankershim, Suite 400, North Hollywood.
Call 508-7800 for more information.

August 13
September 10

Portals House: The S.O.S. (Socials on Saturdays) Dance will be held from 6:30 to 9:30 p.m. at Wilshire Christian Church, 634 S. Normandie, Los Angeles. The dance is open to residents of board and care homes and clients of community mental health programs, and admission is 25 cents.
Call 386-5393 for more information.

August 15
September 19

South Bay Relatives and Friends: The group will meet at 7 p.m. at Torrance First Christian Church, 2930 El Dorado, Torrance.
Call 518-6870 for more information.

August 15

Manos de Esperanza, San Fernando Valley Community Mental Health Center: A 15-week Spanish-speaking couples group will begin on Aug. 15 and continue on Monday evenings. It will be held from 6 to 7:15 p.m. at 6740 Kester Ave., Van Nuys. Goals of the group are to explore alternative methods of problem solving, improve communication skills and discuss male/female roles from a cultural perspective. Leaders will be Gloria Vargas, L.C.S.W., and Rogelio Tabarez. A screening interview is necessary prior to the start of the group.
Call 988-8050, for more information.

August 17
September 21

El Centro Community Mental Health Center: Meetings of Family Night, a family support group, will be held from 6:30 to 8 p.m. at the center, room 237, 972 S. Goodrich Blvd., Los Angeles. "How Medication Works" will be discussed on Aug. 17. "How Family Stress or Conflicts Can Affect a Member of the Family Who is Mentally Ill" will be the Sept. 21 topic.
Call 725-1337 for more information.

August 18
September 15

Hollywood Human Services Project Mental Health Task Force: "Cocaine: The Marijuana of the 80s" with speaker Allan Rosenthal, MFCC, will be the topic of the Aug. 18 noon task force meeting, held at Handcraft Industries, 7351 Santa Monica Blvd., Los Angeles. The Sept. 15 meeting, with the topic of "Rape," will be held at noon at the Westside Office of Mental Health Social Services, 6565 Sunset Blvd., Suite 220, Los Angeles.
Call 467-3605 for more information.

RCLC

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

August 9
September 13

San Gabriel Valley Region RCLC will meet at 7 p.m. at Arcadia Mental Health Center, 330 E. Live Oak, Arcadia, on Aug. 9. It will meet at 7 p.m. at La Puente Valley Community Mental Health Center, 160 S. Seventh Ave., La Puente, on Sept. 13.
Call 960-6411 for more information.

August 12
September 9

Alliance for the Mentally Ill — San Gabriel Valley: "A Bitter Pill to Swallow," a talk on medication affects and side effects with Michael Wincor, Pharm.D., will be the topic of the 7:30 p.m. meeting, held at San Marino Community Church, 1750 Virginia Road, San Marino. The group will also meet at 7:30 p.m. at the church on Sept. 9, with topic to be announced.
Call 797-3562 or 449-4219 for more information.

September 8

Coastal Region RCLC will meet at Harbor-UCLA Medical Center, 1000 W. Carson St., Torrance. The Project Return Players improvisational theater group is scheduled to perform.
Call 533-3154 for time and room number.

September 21

Central Region RCLC will meet at 7:30 p.m. at LAC-USC Medical Center Psychiatric Hospital, room 2C18, 1934 Hospital Place, Los Angeles.
Call 226-5726 for more information.

The Coastal Region and Central Region RCLCs will not meet in August.
RCLC meetings are open to the public.

August 20

Los Angeles Commission on Assaults Against Women: A self-defense workshop for women will teach participants the facts about sexual assault, the importance of body language and assertiveness and physical self-defense techniques. It will be held from 10 a.m. to 2 p.m. at the YWCA, 574 Hilgard Ave., Westwood. Fee is \$15, based on sliding scale. Space is limited, and preregistration is required.
Call 651-3147 for more information.

August 22

Mental Health Association in Los Angeles County: A performance of "Letters Home," a play based on a collection of letters from a poet Sylvia Plath to her mother, to benefit the proposed Project Return Center, will be held at 8 p.m. at 10508 W. Pico Blvd., Los Angeles. Cost is \$15, with only 50 seats available.
For ticket information, call Susan Ronec at 472-0834 or 472-4926.

August 25
September 22

Mental Health Advisory Board: The board will meet at noon at the Hall of Administration, room 739, 500 W. Temple St., Los Angeles.
Call 738-4772 for more information.

August 31
September 28

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 343-9105 for more information.

September 2, 9, 16, 23, 30

Assistance League of Southern California Family Service Agency: "Coping with Unemployment without Losing Your Cool," a free ongoing support group, will be offered on Fridays, from 11 a.m. to 12:30 p.m. at the agency's central office, 5607 Fernwood Ave., Los Angeles. Registration and an initial assessment are required before joining the group.
Call 469-5893 for more information.

September 10

Los Angeles Commission on Assaults Against Women: A free training program for women interested in becoming self-defense instructors for the commission's self-defense program will be offered, pending grant renewal. The commission is particularly interested in recruiting women from cultural and ethnic minority groups.
Call 651-3147 for more information.

September 14

Advocates for the Mentally Ill: This parents of the mentally ill group will meet at 7:30 p.m. at Thaliens Community Mental Health Center, 8730 Alden Drive, Los Angeles.

September 15, 22, 29

Metropolitan State Hospital and Alliance for the Mentally Ill — Norwalk: A lecture/discussion series on mental illness and the mental health system for families of the mentally ill will be held from 7:30 to 9 p.m. in the hospital's learning community building, room 229, 11400 Norwalk Blvd., Norwalk. September topics will be "The Schizophrenias" on Sept. 15, "Primary Affective Disorders and Other Psychoses" on Sept. 22, and "The Law and Patients' Rights" on Sept. 29.
Call 863-7011 for more information.

September 18

Southeast Region, Los Angeles County Department of Mental Health: "Battered Women" will be the topic of the "A Healthy Mind: For You and Your Family" live radio talk show. Hosted by the region's Julius I. Fuller, M.S.W., the program will air at 9 p.m. on KACE, 103.9 FM.

September 20

Airport Marina Counseling Service: This non-profit agency's third annual support campaign, an effort by community volunteers to contact individuals, corporations, and civic and community organizations, will begin on Sept. 20 and is scheduled to run until Oct. 11.
Call 670-1410 for more information.

September 22

San Fernando Valley Child Guidance Clinic: "Hugs 'N Kids — Parenting Your Preschooler," a six-week workshop utilizing videotapes to help parents cope with "typical" behaviors of preschool children, will be offered from 6 to 8 p.m. at 9650 Zelzah Ave., Northridge. Cost is \$70 for one parent and \$85 for two. Optional child care is \$15 per child.
Call 993-9311 for more information.

September 27

Community Counseling Service: State Attorney General John Van de Kamp will be the featured speaker at the organization's annual meeting, held from 6:30 to 9:30 p.m. at the Faculty Center, USC. Cost is \$25 a plate; reservations are needed.
Call 746-5260 for more information.

CONNECTIONS

Editorial Director Lorraine Wilson
Editor Stephen Simmons
Managing Editor Julia Scalise

Editorial Board: Dr. Charles Ansell, George Hamilton, Al Greenstein, Greg Lecklitner, Gloria Nabrit, Roberto Quiroz.

Published 10 times a year under Short-Doyle contract by the Mental Health Association in Los Angeles County.

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

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