Gaines Lyons talks about advocating for mental health with Project Return…

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READ THE FULL TRANSCRIPT BELOW.

INTERVIEWEE: GAINES LYONS

INTERVIEWER: Troy Gabrielson

DATE: April 29, 2010

I. Childhood; Experience in Navy; Becoming Involved in Project Return; Advocacy; Personal Circumstances; Group Travel

TG: Okay, this is Troy Gabrielson. I'm here with Gaines Lyons on April 29, 2010, and it's about two o'clock in the afternoon. To start, can you tell me just a little bit about your family and where you grew up and went to school?

GL: I was born in Little Rock, Arkansas, and my family members are from the South. My mother is from Louisiana – I believe Ville Platte. My father is from Mound Bayou, Mississippi. I grew up in Little Rock, Arkansas, and I moved to Cleveland, Ohio when I was in the third grade. Both parents are deceased.

My mother's side of the family is Catholic. My father's side is Southern Baptist. My father agreed to raise us as Catholics. That was a condition for the marriage, and I believe he was married in the Catholic Church with the stipulation he would raise us Catholics, and he did.

My mother died when I was in the eighth grade. I had two brothers and one sister. After my mother died, my paternal aunts took my siblings to Louisiana and raised them while I stayed in Cleveland to finish high school. I was about to start high school at the time that she died.

What else can I say? What more do you want to know about?

TG: Yeah, do you want to tell me some about your experience in high school; if you went to college; maybe young adult life?

GL: Yeah, I graduated from high school in Cleveland, Ohio, and then I went in the Navy for four years. I enlisted. I enlisted and went to San Diego for boot camp. In the boot camp, we were given aptitude tests, and I scored high in language, linguistic ability. So, I had a choice – I could go study Russian or Chinese-Mandarin. And I chose Chinese-Mandarin. So, after boot camp, I was sent to The Defense Language Institute West Coast in Monterey, California. At the time, they also had a branch in Washington D.C. I studied one year of intensive Chinese-Mandarin for military purposes. Then I went to Pensacola, Florida for further training in naval communications.

And then I was shipped overseas to Japan. I was stationed in Japan for a year and a half, the Philippines for a year, and when I got out, fortunately the GI Bill had passed, and so I went to UC Berkeley and I majored in Japanese Language and Literature. And later, many years later, I went back to school. I was working on an emergency credential, bilingual for Los Angeles Unified, which was different. I had studied Spanish, too, in high school and also college. I had a bilingual emergency credential, and I was working on becoming a teacher. And my credential wasn't renewed, and I dropped out of that. They said I needed a lot more preparation.

TG: To be able to teach?

GL: Right, and I just didn't want to go through with it anymore. I was tired and burned out.

TG: And so, what did you do or what did you think about doing when that didn't go through?

GL: I was kind of at a loss at that point. I had an apartment in Los Angeles. I still had my car. I had an apartment, and I had to give it up. And I decided to move back to where I was living before in Pasadena because I know that it's affordable. It's, like, single room occupancy. So, I moved there. Then I went to a center for older workers, and they referred me to the Republican Party of Los Angeles County.

I got a job as a fundraiser at the Republican Party of Los Angeles County, soliciting donations. And I did that kind of work for a while. And I also got a job at Charter Communications as a customer service rep, and I left the telephone soliciting to go work in customer service at Charter. It's now [called] Charter. It was CinCom at the time I started.

I worked there for a while, and that's when I discovered Project Return [a consumer-run mental health support program], which is a Mental Health America-sponsored group [Mental Health America, or MHA, is a prominent mental health advocacy organization] because they had meetings in my building where I was living – the single room occupancy building. They brought Project Return there. And sometimes they had—I was on my way to jog, and sometimes I noticed they had food, and food was always a great attraction. So, by the lure of food they brought me in, and I was persuaded to come to their Christmas Party and also they were going to serve food and it was free.

So, I go to the Christmas Party, and then they invited me to go to Big Bear Lake. Project Return has an annual outing to Big Bear Lake, and they were telling me how wonderful it is to be up in the mountains. I'm in this hot, deserty environment in Pasadena. It sounded pretty good. And so I went, and that's how I got involved in Project Return. It was just really wonderful and mind-blowing to me. They had Santa Monica YMCA Camp Big Bear. They had barracks – like dormitories type. It wasn't tents. It was dormitories. And the lake. I started kayaking for the first time, and I learned I really loved kayaking. I have a couple of kayaks of my own now in Long Beach. I can use them.

Later on, Project Return people said, "Would you like to become a club aide in the building where you are? And for a stipend. A small amount of work for Project Return?" And I said, "Yeah." And so, I began to work as what they call a club aide. And I forgot—they changed the terminology. I was a club aide for Project Return. And the trip to Big Bear Lake – it had inspired me to write a poem, "The Song of Big Bear Lake." And I submitted the poem, and it was published in the newsletter of Project Return. It was called Next Step *News* at the time.

They discovered I could write. The editor of the newsletter at the time wanted to take a leave of absence to pursue a paralegal degree. And they asked me would I want to be an interim editor while he was on his sabbatical. I said, "Yes," and so I started off there. And I think I did pretty well. This guy did not come back. His name was Jacob Cohen. Jacob Cohen – C-o-h-e-n. He decided that he did not want to return, so they offered me

the job as editor permanently. There was a problem in the sense that my computer skills weren't up to par. But they liked my writing so well that they gave me the help. I had people to help me format the newsletter. And we used [Microsoft] Publisher format. And so I would just concentrate on writing and kind of organizing how we're going to put things. Other people helped me where my skills were deficient. They helped in the design and the layout of the newsletter.

The person I worked under at first – she was a writer in her own right, and she's no longer with Project Return, but she's published, or [is] about to publish, her own book. And so I had some good help all along the lines.

TG: Yeah, it sounds like it.

GL: So, time flies by very fast. I was there for ten years.

TG: Wow.

GL: My concern, my worry, is from issue to issue and what to write about and meet the deadlines. And, you know, if you are going from issue to issue – from the spring to summer to fall to the winter issue – being that focused in what I was doing from issue to issue, the years passed by without [my] actually noticing it because I wasn't year-oriented, I was issue-oriented.

TG: I see, yeah.

GL: The first thing I know, I've been there ten years. There were so many changes. Our esteemed director, Bill Compton, died. [Bill Compton was a prominent mental health advocate and a former director of Project Return.] He was the one that brought me on, and so I stayed around for a while. And then someone else – Catherine Bond – became Executive Director, and I felt that I could still work with her, you know [Catherine Bond is a leading mental health advocate in L.A. County and in California]. I need to feel comfortable with whom I'm working with because, you know, I was getting close to retirement age, and so I don't want to try to cling to this job and with fear of being cast aside. I felt I could work with Catherine Bond and I felt some job security and some predictability in her management style.

So, when she decided to leave I said, "I think it's time for me to go. I don't know who they are going to bring on as Executive Director of Project Return." So, I said, "I don't want it to be somebody I don't know who could look at me and say, "Hey, you can write but you can't do the rest, and so we have to spread the jobs," and maybe they will want someone who is both a good writer and [has] strong computer skills.

So, I was old enough to draw social security income, and I qualified for senior housing, which means that I could afford to retire and I could afford not to work and still pay rent and food, with subsidized utilities. I said now is the time to get out, and [it was] probably part burn-out and part fear of the unknown, of what was going to happen. And little did I know, the person that was hired is someone I knew and I was on good terms with. Had I known she was going to be the new Executive Director, I might have stayed a little longer.

TG: Right.

GL: But they could bring anybody in – somebody that comes in to crack the whip and shape the place up. Who knows? So, I don't have to deal with this now. I'm old enough to just walk away, and I did. And so, maybe I want to try some other writing. Maybe I want to try writing a screen play, try my luck at writing something more lucrative – a novel or a screen play.

Some of the highlights of my period of employment with Project Return is attending conferences, also attending committee hearings in Sacramento. When I came on board, we were fighting AB 1800, which was a bill to expand the use of forced treatment. We already had the – I forgot how to say it – Lanterman-Petris Short Act. [The 1969 Laterman-Petris-Short Act, or LPS, ended indefinite involuntary psychiatric commitment in California.] We already had 5150. [A reference to section 5150 of the California Welfare and Institutions code, the term "5150" is used informally to refer to the act of placing a person on an involuntary, 72-hour psychiatric hold when that person is considered a danger to self, others, or gravely disabled by virtue of a mental illness.]

TG: Right.

GL: Lanterman-Petris Short Act, I believe it was called.

TG: Right.

GL: But they wanted to expand—so-called treatment advocates in the state, and many of them were NAMI [National Alliance on Mental Illness, a prominent family advocacy and support organization] members – they wanted to expand forced treatment. We weren't necessarily against forced treatment under the conditions of the Lanterman-Petris-Short Act, but the new law was AB 1800. We fought that tooth and nail, and we would mobilize in caravans and go to Sacramento in vans and then show up at the committee hearings. We had insider knowledge. Our colleagues, the California Network of Mental Health Clients [a statewide, consumer-run mental health advocacy organization], they had observers in Capitol Hill, and they knew. And we had friends in the Capitol – friends in the legislature. We had a hot line. So that when committee hearings—as much as they like to keep them secretive—when a committee hearing was about to go down, we had to be prepared to mobilize.

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And then we did the same thing with AB 1421, which is also known as Laura's Law [the law stipulates conditions under which a person with a mental illness can be given involuntary outpatient psychiatric treatment]. And we fought to – not defeat it – but at least limit it. You can put all kind of stipulations in the [law] and kind of make it virtually inoperable. And that's what we did. We fought a rearguard action. I think AB-1421 was eventually passed, and we did what we could to cripple it, so to speak.

Another thing that was a highlight of my career is the fight to get Proposition 63 – the Mental Health Services Act – passed. [Passed in 2004, the Mental Health Services Act, or MHSA, provides new funding and mandates for mental health programs in California.]

TG: Sure.

GL: I wrote and advocated in the newsletter for the passage of Proposition 63, the MHSA. I also wrote an Op-ed piece that was published in the *Long Beach Press Telegram* advocating for voters to approve of that initiative. And also, I publicized the website of the coalition of people that were pushing [to pass the MHSA]. And those were some of the high points of my career.

And also, NAMI. I had some friends in NAMI, and I actually was a house guest with some NAMI members. So, even though we did not see eye-to-eye with NAMI on many issues, the relationship was more benign, rather than hostile. And we all loved the little old lady from NAMI from founded StigmaBusters [a NAMI program].

TG: Stella March?

GL: Yeah, Stella March. When you go to all these meetings that we have, [they] would overlap, and you get to meet really wonderful people like Stella March and the Hollisters – Hal and Patsy Hollister [prominent mental health advocates] with NARSAD Artworks [an organization, created by the Hollisters, that displays and sells artwork by mental health clients]. We would promote the sale of NARSAD Artworks within Project Return, including cards because, you know, it helps artists living with mental illness. Their daughter is affiliated with Project Return – Annick Hollister. So, we could never get to the point of demonizing NAMI. It's just that we disagree with some positions of NAMI – official positions – but we didn't argue, and I visited NAMI members and we never had knock-down-drag-out arguments.

TG: Sure.

GL: So what else? You can ask your own questions to fill in.

TG: Yeah. I would like to go back to a couple of the things that you said. Before I ask you more about those, I would like to go back to when you were living in the building where you first came across Project Return.

GL: Yes.

TG: And I wonder if you could tell me a little bit about what your circumstances were at the time and what – besides just the initial draw of the group once you saw it – what your circumstances were at the time and what about the group spoke to you.

GL: Well, I was living in—it's a single room occupancy building. It's kind of confining. And I always liked going out and doing things and going away and going on trips and anything to get away from that scene. I used to go to visit my sister in New Orleans and go to the Jazz and Heritage Festival in April in New Orleans. And also, I used to take Amtrak to visit my relatives in Northern Louisiana.

So, there was a need [while] living in an oppressive place like that – there was a need to get out, even if it was just to go to Ambassador College and jog around the track. It's like it's claustrophobic. And so one of the things that drew me to Project Return was not necessarily overtly identifying as a mental health consumer; it was more that it seemed like a fun thing. And then, the trips. To me, in the beginning, I got to know Project Return by going on the trips. And so my impression—their official title at the time was Project Return: The Next Step. To me, it was Project Return: The Next Trip. And so I was just looking forward to this going bye-bye. I guess it's still the inner child.

In fact, in May, I'm going on a cruise to Alaska. It has nothing to do with Project Return. This is my first ocean cruise, and I'm excited. So it's this consistent thing with me—I don't know if it's wanderlust, but it's the chance of a radical change of environment. The same reason I prefer coming here [for the interview] than for you to go to Long Beach. So, from here, I'm going to the beach – walk from Santa Monica to Venice Beach and back.

So, the thing that attracted me was the ability to change my scenery, to change my environment. I always liked to go to different things. And it took me a while, a gradual induction into Project Return to find out what it was all about. I started to interface with members of Mental Health America. At the time, it was called the Mental Health Association. And we shared—the original building where I came to work. Project Return cohabited with Mental Health America, so I got to meet people on the Board and people who were on the staff – Richard Van Horn [the former Director of Mental Health America and a prominent mental health advocate]. I got to know Richard. I got to know Ann Stone [Chief Operations Officer, MHA], Annette Tarsky [information and assistance specialist with MHA] – all these wonderful people that were really committed

And so it gradually, ever so gradually, dawned on me what I had gotten involved in. I just wanted the recreational aspect of it. Like I said, I'm being very frank. So, by the time I became editor, I started knowing what the issues were because it's impossible not to know. And during that [time, I learned that] this is about advocacy for people with mental illness. So this is gradual. And also, in the beginning, I did not want to travel to Sacramento. You know, what's this about? You know, long van ride. But then you go to the state capitol and you listen to people and all the esoteric language in the beginning – [the language of] the people in the mental health movement. And they speak about the issues. It all seemed like jargon then. I couldn't decipher it. In the beginning, it was like when I'd go to these meetings—I've also gotten involved with the Client Coalition [a client advocacy group that works with DMH]—the language was strange. I don't know at what point it started making sense. But now it makes sense. It didn't in the beginning.

TG: Sure.

GL: Yeah, and then the more I became involved, the more I felt at home. I felt probably more at home with Project Return than I did with the Republican Party. I did feel comfortable and I felt well accepted at the Republican Party. I was good at what I did. But I felt even more like I had found my group – my true peers.

TG: A sense of belonging, it sounds like.

GL: A sense of belonging, yeah that's the [phrase]. And it was just the joy of doing things together, apart from writing these essays and polemics. When we went some place together and we were with each other, it was the peer support. This is the new name for Project Return. It's called now Project Return Peer Support Network, and the newsletter's name has been changed to Peer Support News.

TG: Right.

GL: But what I think is that when we went on these trips to Mexico, Ensenada, or we went all over – to San Francisco, to Morro Bay, to Grand Canyon and Bryce Canyon. We had quite a few—we used to do quite a few trips. It was doing it together – some kind of bonding took place.

TG: Okay, yeah.

GL: So, that's the aspect that gradually, I was gradually being drawn into it. And more so now I'm on the Village Board of Advisors, I believe this was called MHA Village [a mental health care facility in Long Beach]. So, I have some continuity. I do volunteer work there.

II. Involuntary Treatment; Medication & Side Effects; Primal Therapy; NAMI; MHA Village

TG: So, as you started getting more involved in the advocacy and going to Sacramento and going on the trips and editing the newsletter – and really starting to learn about the policy side too, it sounds like – tell me what you saw as some of the major issues in mental health that were going on at the time?

GL: The major issue, like I said, was, at the time, the issue of forced treatment.

TG: Okay.

GL: And when we have a wide array of people among mental health consumers – some have had very bad experiences of being forced and subjected to electro shock [Electroconvulsive Shock Therapy, or ECT] or medications that may turn them into zombies, or medications with horrific side effects, and this was a burning issue with us – that people who have been subjected to forced treatment tend to really dread psychiatrists and dread the whole system. And they will flee in horror, rather than submit to that.

TG: Sure.

GL: So that was the issue. And what I observed – the issue for me – is the side effects. I've never seen such a large group of obese people. The medicines have serious [side effects], and I have questioned internally, is it worth it? On the one hand, yes, the medication can stabilize a person so that they can at least not go off the deep end and not become a danger to self or others. But it severely shortens the life span, and there's no two ways about it. And then, when a lot of our members—from my perspective as editor of the newsletter, I get to write a lot of the obituaries for members who have died and most of our members don't make it out of their fifties or sixties. That I got to see personally. And so it's a matter of conscience for me. I have some reservations about

the medical approach. I have some philosophical differences with [it], as opposed to psychotherapy.

That troubled me. And I just didn't know whether meds were the ultimate answer, but I certainly felt that people that were taking medications should stay on their medication because you come off your meds, you can flip. It could even be fatal. And there was one obituary I did, and I knew for a fact that he committed suicide. We knew that he committed suicide. I did not put the details of his death in the newsletter. I withheld information. And there's this one issue with obituaries on three people at one time, and that was just a lot. One died from a car accident, the other was murdered by her boyfriend – a murder-suicide. Then there's a third person that died, and the third person was the one that died from a heart disease or diabetes or blood pressure – from being in not good physical condition, and I thought a lot of that had to do with the side effects of the medication. We just do not live as long. Sometimes my conscience troubled me about is medication the way or not? But that was something that—

TG: Yeah.

GL: What else?

TG: So, you saw the medication making a difference, or that it could make a difference. But on the other hand, there are these really serious side effects that you have to consider.

GL: Right. Medication would stabilize your life, but it would shorten your life too. And then they're coming up with some new ones that supposedly—you don't have this terrible weight gain and diabetes and all this stuff, like Abilify [an antipsychotic medication used to treat schizophrenia]. One of our executive directors tried Abilify, and then maybe it helped with the weight, but it caused insomnia, which can be dangerous, especially if you are driving to work. Meds are not—I don't think they are the answer; they are the stop-gap measure until we get a better answer.

TG: So, they're beneficial, but it's limited?

GL: Right, yeah. I wondered whatever happened to Primal Therapy. I used to follow up on that. I used to be an avid follower of Arthur Janov [a psychologist and the creator of Primal Therapy; Primary Therapy is a registered trademark] and that school of psychotherapy. So, I didn't know if I was being totally dishonest. I went along with this—what do you call [it]? The medical model. I just went along with it. Even the people who are opposed to the expansion of forced treatment, many of them did not question the fundamental assumption of the medical model – that mental illness cannot be cured; it can only be tamped down. This is totally different from what the Primal philosophy is – that if you can go back and relive those core experiences, traumatic experiences, and integrate those, then you can move on. So, in a sense, if it's not a definitive cure, it's like you can bring the trauma down by half lives, and so, therefore, you would not need medication ordinarily. And I don't know what to believe now. I'm at the point where—

TG: You mentioned having some differences of opinion with NAMI over the use of medication. Can you tell me about that?

GL: Well, yes. NAMI [feels]—whenever the tragedies happen – somebody commits murder or someone's family member commits suicide, and they [the clients] were not able to get the treatment, or they weren't able to have them forcibly committed – they say, "My son, my daughter – " whoever – "if only, *if only* the help had been available, then this would not have happened." Yes, you can make an individual case like that. But in the aggregate, if the laws are stronger to force people, if you lower the threshold for committing people, then you will cause them to flee even further. And you will have more non-cooperation, more resistance to treatment, and so the people you deem as needing this treatment, how much of an increase in state power are you ready to tolerate? How much further [do] you want to move in the direction of a police state to make sure that people comply? I think it's a paradoxical effect.

[That] kind of psychiatric [treatment policy] can get abused, like in the Soviet Union, when the police state, they used forced treatment against political dissidents – not only [against] someone who is really mentally ill, but [against] someone whom the state finds extremely inconvenient because of what they say. And so I think there is a danger of psychiatrizing dissent.

I felt that even with treatment, there's no iron clad guarantee that you can avoid some tragedies. It's just strange. I went to a NAMI conference. Actually, I got a scholarship to one, and it was really nice. And I looked at the workshops. And I didn't see too much of that kind of that E. Fuller Torrey thing [Dr. Torrey is a psychiatrist and researcher and a supporter of assertive psychiatric treatment]. I don't know if he even spoke. I don't think so.

But there is more to NAMI than just this one issue because they are really involved in doing a lot of helpful things, and this is just on this one issue that we beg to differ. That's what impressed me about the workshops. All these things about veteran's outreach to veterans who've had trauma. I can't even think of all those things. And how to cope and live with mental illness, not necessarily how to up your dosage of medication. It's practical things.

TG: I'm curious what year that was, if you remember.

GL: The conference was in Burlingame. It was maybe about three or four years ago. About four years ago, roughly. It was in Burlingame, and it was a great conference.

TG: What you were describing sounds like some recovery [model]-oriented kinds of thinking.

GL: Right. Right, and there is overlap in that. We have NAMI members sitting on the board of MHA Village [a recovery-based program in Long Beach that offers mental health and other social services]. So, I learned not to be too simplistic in that and to have a more nuanced approach, and so I never, ever got into NAMI bashing in the newsletter.

There was one lady [Assemblywoman Helen Thompson] who was leading the charge to pass AB 1421 [Laura's Law]. I might have indulged in a little satire with her position – not argument ad hominem, but the position and her name was all over it. But just imagine when Mental Health America celebrated its anniversary up in Sacramento, the same woman was given some kind of award – Helen Thompson. MHA of California gave this Helen Thompson an award for recognition of her contribution in some way.

I learned that the world is more complicated. The lesson that I continue to receive is that the world is a lot more complicated than I think it is. And so as I grow, as I learn, and then something else unfolds. So, I'm getting more and more hesitant to make these sweeping categorical statements because I'm humbled by a lot of that that I have experienced.

TG: You're seeing that it's not just about people very compartmentalized in their different agendas. There's a lot of overlap—

GL: Extreme.

TG: —and there are a lot of ways that the different views and the different interests can be reconciled, it sounds like.

GL: Right. And [that's] the thing – some of our [Project Return] members—I don't know. From hearsay and stuff, I get that some people were demonizing NAMI, and so, when I attended a NAMI conference, and I saw, then, how sincere, earnest, and committed the NAMI people are because [of] their [ill] family members. It greatly broadened my perspective. I tried to share this perspective by writing a positive review of the NAMI conference.

And they care, and they love their offspring and their relatives. And so, I was impressed by that. And so, what is this NAMI [bashing]? And even I had some kind of anti-NAMI stigma going in because I'm with a lot of people in the consumer movement [who] kind of demonize, [who are] kind of down on NAMI. And so, that was not my impression [when I went to the conference]. You have to meet the real people and come to your own conclusions. And so a lot of that stuff, maybe, was just propaganda.

And with the Republicans – and I don't want to go to go far off [-topic] – but there are serious philosophical differences between the Democratic philosophy and the Republican philosophy. I had come from a Democrat background in my family and all, and so, then to see the real people. They're not as bad as [they were made out to be], you know? You can still disagree as individuals. They were certainly not what I had in my mind. And I just needed a job. And it wasn't that I was suddenly going to change my party registration. I just [went there] after losing my teaching job.

And it's the same thing with NAMI. It's good to be able to come to my own understanding of what they're about, propaganda, polemics aside.

TG: Uh-huh. And so the stigma or certain perceptions of a group sort of takes on a life of its own that can be very much disconnected from what it's actually like on the ground when you talk to the people who comprise that.

GL: Yeah. Well put. Maybe that's what I was trying to say. It takes on a life of its own without reference to the actual facts on the ground, right. And – I need to say this – there's a sentimental side of me that I miss the old Project Return. Right now, it's Project Return Peer Support Network, and it's become much more professionalized and more directly related to recovery and addressing issues of recovery. I think their aides are called recovery facilitators now. So, it's not just a club where they play cards and the like. All the activities are geared towards getting better, stabilizing, staying well, and then going on with your life and growing – finding work and stuff. But I miss the old – at

least in my impression – the recreational Project Return. Well, I don't know how recreational it was when I first came in, and maybe that's just what I latched onto – like what you were saying about—my impression maybe took on a life of its own because I picked up on what I liked, right?

TG: Uh-huh. Right.

GL: I liked travel and going places. So I miss that now. It's like chasing a memory of the high. I miss my first impressions – the carefree, fun-filled kind of club.

TG: And it's different now.

GL: Oh, [yeah]. And the [MHA] Village, too. I go to Village Wednesday morning meetings regularly, and the people there—I get to know what they're trying to do. They're trying to help people out. You see the homeless people come off the street. [You see people at the Village] trying to find them housing, giving them treatment, stabilize them. In the beginning, the only time we went to the Village was in the evenings for a dance with Project Return – in the very beginning. We'd go there for the Valentine's, Halloween, whatever. And so I wonder, what is this place [now]? We'd just dance. We had [dances], we had food. Strange. And the people are, I don't know, mental health consumers, so their behavior is a little unconventional compared with [other people's behavior]. I said, this is a nice place. I fit in here. It's nice. But the Village at night for parties has nothing to do with the Village in the daytime. At the meetings, they thrash, we thrash over issues and programs, and we have people – psychiatrists, social workers, nurses, students – who come for seminars to learn about the Integrated Service Model [the model used at the Village].

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So, [that model is] the thing where you address the whole person and not just the mental illness here, but all the things that they need. And we have people who are actually Village members who get up and testify, and that's very sobering. [I think], so *this* is what this is about. I have a different perspective on what the Village is about now from the daytime – from [the perspective of being] actually involved in the Village as opposed to just going for a party or some after-hours event.

TG: Right. I see what you're saying.

GL: So, that was an evolution of my thinking.

TG: And, I suppose, an evolution of the places, as well, at the same time.

GL: Yes. We moved to the city of Commerce – Project Return Peer Support Network – and really, they have some really nice offices there, but I believe Mental Health America actually rents these offices and then they deed them to Project Return. And if you go there, you're just so impressed with the professionalism, how everyone is busy with their tasks. And I'm not sure if you can distinguish it from an office of non-consumers because people [there] keep regular nine to five hours. We might dress a little more casually. We don't wear a suit and tie to work, but it does look very professional, and it's not about just going from trip to trip.

TG: I see.

GL: I would say my original impression was opportunistic. And travel was something I really wanted to do, so I saw what I wanted to see.

III. Recovery; Stigma

TG: Sure, yeah. We've talked a little bit about recovery. I'd like to talk about that some more. I'm curious how you would define recovery or how that's evolved over the years for you – how you think of recovery.

GL: Well, I think recovery—first of all, you have to end the torment of the illness – the depression or being hounded to death by voices. It's terrible. Recovery means you have some sort of calm and quiet on the inside of your skull, and that's very important. But recovery has to have a social aspect. Life does not happen in a vacuum. You're ill for a long period of time and you're in isolation, or you can be with people but you don't interact because you are in this catatonic daze. Once you come out of that, you still have to deal with the people situation, so it's got to be a social aspect to learning how to interact with other people and how to interact in a positive, win, win way with others. And there's also a lot of give and take in relationships – how to disagree without going off the deep end; asserting yourself without going overboard, without trying to boss people around. I believe that that is an aspect I've seen happen. And I've seen people develop their communication skills, learning to talk when we break up [into] groups. When you have an advisory board meeting, a lot of interpersonal transaction happens over things like paperwork, which is still, to me, an issue that's difficult. The fact is that people are learning how to do their paperwork in order to bill the county for a lot of the activities, [which] are billable. This is a learning process for the clients – mental health clients, the consumers. Recovery also is about learning how to hold a job down, learning how to budget your money. If a person is left for years in a board and care and suddenly, they're on their own, they're going to have difficulty. They're not prepared. So, that's part of recovery. Recovery is more than just symptom suppression or making the symptoms diminish. It's about learning how to live – live in the community. The ultimate goal is to get people to reintegrate with the society. So, that's part of recovery, I think.

TG: What do you think is the best service model or best kind of approach to treatment, if you will, or care, to help a person reach recovery?

GL: Well, I would say, like in the Village model, it doesn't shock the prospective client. The initial contact with someone is very important. So, that's why I believe the Village uses peers. They use people who have been there and done that, who have been homeless, who have recovered to a point where they can reach out and help someone else. This is the peer support aspect. With peers, there's no shame. It is like we are saying, "There's no shame. We've been there too. We know what you're going through." Hearing this from someone who is more like them, I think, can gain their confidence a lot faster. You don't send out these psychiatric intervention teams. And it's not a team. It is not a doctor. It's no one with a hypodermic [needle]. It's just your fellow mental health consumers. Also, I think [with] how the Village works, medication helps bring them in touch with this—dampens down their symptoms. It helps them enter a window where they can communicate, and then once you can meaningfully talk to someone. They're not freaking out, they're not suspicious of your motives. So I think part of that recovery is gradually gaining the trust of the person you are trying to help. And being more of a

magnet rather than going out and chasing them – just [gaining trust] by attraction rather than promotion, type of thing.

TG: Yeah, I see.

GL: You've heard of that. So, someone that has gone through hell – they need to grow at their own rate. They're been through all kinds of terrible things. And you have to have this empathy. At the Village, there's a lot of empathy, even with someone that gets pissed off. Like the other day, this guy – he didn't like the music. We play music, and most people are cheered up [by it]. And he went into a tirade – he "would have had a chance to speak if you didn't play all the damn music," and so forth and so on. And what we did was simply hear him out. He left in a huff. But it was very non-judgmental. We expect, every now and then, [for] people [to] go off. There is a lot of acceptance.

There is a woman that – she hasn't done it lately – but she sings these Christian hymns, and she tries to proselytize. There's a substantial number of us who are other faiths. And not everyone's Christian. She is a consumer. She's in the Village, and they let her have her say. But recently she's stopped that. Thank goodness. But anyway, there is an acceptance there to let people be where they are.

In that kind of environment, the people keep coming back to the meetings, so the meeting must be doing something for them like it is for me – this sense of belonging we have talked about. And also, we recognize small accomplishments. We cheer when Village members reach a milestone, no matter what it is. It's kind of like you can experience victory – micro-victories – on your way to getting well, and we don't take anything for granted, and heap lots of praise, and keep inducing the person in the direction of wellness. This is something I have witnessed about how the Village works. And it's an incremental thing. It's not a slam dunk. It takes a lot of patience.

This is the concept of recovery that I've come to know. By the time consumers get to Project Return, they're well on the road to recovery because they're holding down jobs, doing their paperwork, et cetera. Over the years I was there, I have noticed that people who stay with the program tend to remain stable for the most part. One former Project Return Member committed suicide. He severed the ties totally with us. That's why peer support is important. Recovery is a continuous thing. You can't isolate and continue to recover.

So, [when] we're talking about recovery, we're not talking here about "cure." Recovery means that you, I think, have a viable life and you're reasonably happy and you can get into a relationship. Some of our members have gotten married. And that's recovery. It's a social thing. It's not just the brain chemistry. It's being happy being with people. That's recovery, too, I think.

TG: So, it's different areas of a person that you're looking at, but then also, it's not an absolute exactly.

GL: No. Recovery is a process, more of a process than a product. I mean, I don't know if that's the word. But it's the process. It's a continuous process. And for most of the consumers, they will have to – barring a cure – stay on their medications. I've heard of some people that were able to gradually come off the medications, but that's not something I'm too familiar with. And that's something I hope no one tries too much on

their own without their psychiatrist helping them with that. So, recovery is a goal. I think it's a goal, but it's also a process – a continuous process. It is both a goal and a process.

TG: I see. Yeah.

GL: I think, if that's not contradictory.

TG: Sure. So, it's sort of an ideal, but successfully recovering doesn't have to mean reaching that, or reaching some particular end point, right? It's about what you kind of get along the way.

GL: Right. So when you go to AA meetings, they say "*recovering* alcoholic." Somebody [who comes] in [who has been] sober for 15 years, 25 years – they still call themselves a *recovering* alcoholic. And it's always in a [participle] tense [of "recover"] because theoretically, if you really are recovered, you're no longer an alcoholic, but you take the first drink, then you're off on the roller coaster again. So, I think many people [with] years and years of sobriety will never claim that they are totally recovered from alcohol. They say, "I am a recovering alcoholic." Twenty-five years, 35 years. Some of them – long-lived people – have many years. They have good longevity and remain sober, and they have that many years of sobriety. But they still say "recovering," not "recovered."

So, I believe that it's an analogous situation with mental illness – you recover from the most horrendous circumstances. Think of homeless, the devastation and the fear and the fight/flight – the street survival – and also the health problems and things like that. And you get them off the streets and you start dealing with health issues, whatever [they are] – diabetes or hypertension and disease and stuff – [and] people start getting better and [get] as good as they can get. They might have taken a hit that shortened their life span to a certain extent. But they are living a feasible life, and I've met people like that. They have a roof over their heads; they have a network of friends; the people from the Village will look in on them. And it's a whole lot better life than what they had. So, recovery is to be seen in that context.

TG: Sure. I'd like to talk about stigma a little bit and why you think it persists and the ways that you've been involved in fighting that with your work.

GL: Actually, I'm not totally free of stigma, myself. I've met people that I absolutely cannot stand – mental health consumers that I am stuck with because I work with them or they are club members. But when I write—I believe it helps my writing to be more effective because I know where the people who stigmatize are coming from because I have some of that in myself. So, when I write those powerful pieces, I can almost know what they're probably thinking, and then so I can hit back with—because I have kind of this insider knowledge of stigma.

The obvious thing is the sensationalism in the news. Every time something really horrible happens [and is reported in the news], the perpetrators are said to have mental illness. It's the mental illness thing. And people [who] do terrible things do not necessarily have mental illness. Is hatred a mental illness? If hatred is a mental illness, then a whole lot of us are mentally ill. Or what about hate crimes?

TG: Sure.

GL: Hate crimes are just as heinous, or more so, than other types of crime. But you don't say, "They have mental illness." You can say they're racist or anti-Semitic. They don't say, "Oh, they have mental illness"

It's just that it's part of, I guess, the folklore. It's in the folklore. And there's also this—part of stigma is looking at mental illness as funny. You know, funny farm? It's more than a play on words, it's that—I read some place where people used to go into asylums – what they were called [then] – just to be entertained by people that were [in the asylums]. They [people running the asylums] were only too willing to accommodate those people. Part of the stigma is you don't have that compassion because you don't know what the person who is suffering from mental illness is going through. And there is certain things, like movies, *A Beautiful Mind* [2001, directed by Ron Howard] where it helps take you inside the experience of someone [with schizophrenia]. Or *The Soloist* [2009, directed by Joe Wright]. Have you seen *The Soloist?*

TG: I haven't. I've heard a lot about it.

GL: Right. Well, you see, first of all, portraying people with mental illness as human beings who are complex and who suffer, especially like—you saw *A Beautiful Mind*, right?

TG: Yeah.

GL: You know, you get to realize what's driving someone to act that bizarre – all these voices. This lack of compassion and also the tendency to sensationalize, to look for mental illness—well, what about the psychiatrist, of all people, who shot all those service men and women?

TG: At Fort Hood? [An Army psychiatrist, Major Nidal Malik Hasan, is accused of killing 13 people in a shooting at Fort Hood, Texas, on November 5, 2009.]

GL: Yeah. You know, pardon me, it's a terrible tragedy, but still I had this thought: all right, treatment advocates, what about that?

TG: Right.

GL: A *psychiatrist*, no less. And they're going around trying to drug patients because they are a danger to self or to others. And a psychiatrist [is accused of the crime]. I mean, does that bake the cake, or what? Yeah. It's sort of gallows humor, but [a] psychiatrist? All right, E. Fuller Torrey, how about that? He's a psychiatrist.

TG: Right.

GL: E. Fuller Tory (he chuckles). It's perversely gratifying in the sense that maybe some shrinks should be subjected to forced treatment, too. Hey guys, put some of yourselves in that picture.

NAMI is very good on fighting stigma. There was a T.V. show, and I forgot the name of it. It was [on] several years ago, and it portrayed patients in a psychiatric ward in a severely stigmatizing way. NAMI mobilized members to take that show off the air, and they took it off the air.

TG: Wow.

GL: They took if off television because the threats [were] a NAMI boycott. If NAMI called a boycott, I'm sure that Project Return and the California Network of Mental Health Clients, all the stakeholders, would have joined that boycott of the sponsors.

TG: (long pause) Was there something you were thinking of?

GL: I don't know. You know, what helps lower stigma is when somebody in a high place [admits] to having problems with mental illness. Even in the Japanese royal family, the empress has [a mental illness]. I think she's come out in Japan about her mental illness. When someone from the Japanese Royal Family comes out of the closet about their mental illness, that helps. And also, in this country, there are some women [whose] husbands are senators or something, [and those women] have come out on that issue. And in Long Beach, the mayor's wife, Nancy Foster, is open, and she wrote in the *Long Beach Press Telegram* about her mental illness. That reduces the stigma. That sort of thing helps to diminish the stigma greatly. It shows that mental illness can hit high or low. It's not just something of the wretched of the earth. You have mental illness in high places – like the Prince in Nepal who killed his family [and had] untreated mental illness.

It's like I'm playing that same—I'm being contradictory because I said that in the media, they sensationalize whenever something terrible happens, and mental illness is the first thing they go to look for. Now, the guy flew his plane in the building—the IRS. He wasn't mad; he was angry. And the Feds had liens on his property. In his perception, he was being harassed to death. And so he made a rational decision that he couldn't live with all that, and he decided to make a statement. But they don't question his mental illness. He went kamikaze on the IRS, and there was no mention of mental illness. He had tax issues.

TG: Right. And that's not clinical.

GL: Right. So, I don't know.

TG: I see. So you're talking about fighting that pervasive logical fallacy that says if you did this, it must have been because of mental illness?

GL: Right. Terrible things happen, though – terrible acts perpetrated by perfectly sane individuals, like genocide.

TG: Right.

GL: What else would you like to talk about? I have a part of the puzzle, and you piece it together with all of the other people you're doing [interviews with], you can collate and correlate.

TG: Sure.

GL: There is something of interest or usefulness that you can compare with what others say about it.

TG: Sure.

GL: I am so looking forward to this trip to Alaska. I never dreamed that I would get to do this. I was at the Village, and there was someone there. She sits at my table sometimes – a young woman. I told her that I was going to Alaska, [and] she said, "Why don't you announce it to the group?" I said, "I don't know. Most of the members here would not be able to do that." And I said, "I don't want to feel like I'm lording it over them." But then I had a second thought and I said—we leave next week, so I'm going to miss the Wednesday meeting. We embark on the fifth. So, I said, "Well, why not share the experience after I return and I get to see all these mind-blowing, magnificent things"? And maybe I will just share that. I don't think that they would feel—it's not like (in a bragging tone), "Well I'm going to Alaska," it's that, "Hey, I just got back from an Alaskan cruise, and I want to share with you some of these really awesome things I saw." And hopefully, can get some photos and be able to share some slides or photographs or something and develop them.

I also participated in a homeless survey conducted by Long Beach Connections. We went out – we wanted to see how many homeless were in certain areas of Long Beach. And so I went out, and I got to see firsthand.

That is a stigma-busting experience – to see real homeless people filling out the surveys – the stark opposite of wanting [the] homeless to be out of mind, out of sight. You can't have that attitude and go out and ask someone if will they cooperate with the survey. We gave them inducements – gift cards for McDonalds or something, and gave them a reason because you don't want to take up their time for nothing.

From my own experience, I've learned over time that homeless are not as dangerous as some people cracked them up to be. There are a few people who victimize people that mix in with that crowd. But I believe that for the most part, the homeless are not violent people. And they are self-governing. At Long Beach, we have this park right near the library. And I believe they know that if they do things or do something violent or something like that, the cops will crack down on everyone and they won't be able to stay there anymore. And also, some of the agencies bring them meals. Doing the survey made me feel less hostile, though I'm not all that hostile. I'm not someone that would do these terrible crimes, these hate crimes against homeless people. I don't like being panhandled, but doing the survey made me humanize my feelings more towards the people on the streets.

TG: It sounds like you really engaged with them.

GL: Right. I'm glad I did that. We had to get up so early. We had to be there at the church, this church in Long Beach at 5:00 a.m., so that means getting up at 4:00 a.m. or earlier. We did it for – I don't know – several days. And it was quite a challenge for me because I like sleep. I like sleeping in. And this is after I retired, so the most wonderful thing about retirement – aside from lack of stress – is being able to sleep in on most days. The [thing I like] least is I have a lot less money to spend. So, I thought very long and hard before accepting this cruise. It's with friends from the Sierra Club. So, I'm heavily involved in the Sierra Club and discovered there is life after Project Return.

And here's the travel thing – I'm still traveling—the thing I did with Project Return. Now I can do it and travel with more of a good conscience, a clean conscience. I am definitely

in this for the travel – the Sierra Club – so I don't have to make any bones about it. We're doing conditioning hikes, climbing. I'm going to miss one of the hikes. Each hike is at a greater elevation. I hope I can—and they said, "Oh, you've got to watch yourself on the cruise because the food is so good." I said, "Oh, my." They do have a gym and exercise stuff. I'm concerned about my weight going up any more than it is.

IV. MHSA & Funding of Mental Health Services; Cultural Competency; Vision for Mental Health in California; Campaigning for Proposition 63

TG: Yeah, I see. I'd like to go back to the MHSA a little bit, which we mentioned a little while ago. We didn't follow up on [it]. Tell me about how you have seen it play out – what you've seen come from it since it was enacted.

GL: Right. I know that now, some of our Project Return programs are funded [by the MHSA], and they kind of reimaged what we're doing in a way that it fits within [the MHSA]. We do have a lot of innovative, new programs, and that's what the funding is for. I found the people – the committee, the oversight committees – proceeding very carefully. I mean, being very conscientious and diligent about how they are using this millionaires' money [the MHSA is funded by a 1% tax of California millionaires]. And they don't want to have the money wasted—fraud or corruption or money going for dubious purposes. So, the money is being dispersed very gradually.

On the other hand, the danger is that the other state programs see this pot of money unspent, and they are eyeing that because of the budget situation. It's a quandary for the people in the mental health field because the faster you spend, the more it's likely to be miss-spent and create a scandal. So, I don't know if I can answer that question, [if] I'm really qualified after being away for a year. But I do know that some of Project Return's Programs have fallen under the category where they can be funded through Mental Health Services Act, which we fought for, and I'm glad, because the revenues going to the County Department of Mental Health are diminishing and I don't know if they are funding Project Return at the same level that they used to due to the budget crunch. That means that everyone will have to take some kind of hit with that, and so thank goodness for the Mental Health Service Act to kind of make up the difference. It was more fun fighting to pass it than it is to sit in these deliberative meetings [about designing and funding programs]. I was on one of the committees, sub committees – Cultural and Linguistic Competency Technical Resource Group.

TG: This was in the stakeholder process or afterwards?

GL: Yes. In the stakeholder [process], after [the MHSA] was passed. And there was a lot of deliberation. And to me, it's tiring. I think it's necessary if you are going to have accountability. Mental Health Services Act Oversight and Accountability Commission is necessary. You have to have the oversight and accountability, where [it asks], how is the money being spent? Some of the meetings, I've been required to attend, and I don't like that. I don't like the details. I'd rather leave the details to someone else, rather than to agonize over it and get really hairy. I don't like that aspect of it. So, I don't believe the money [has] been dispersed as fast as a lot of people would like. And I'm concerned. The way the bill was written, this money is meant for this particular purpose, but yet, in Sacramento, they're scheming to try to end run those stipulations in the legislation just because the state is in a dire situation. I think that after time, they'll start getting resentful and less sympathetic to mental health – [to] the mental health community –

because we're not spending the money. We don't want to let them tap into that money and then [let] other programs tap into it. We're between a rock and a hard place.

TG: Right, yeah. I'm seeing some irony, too, in that the way that mental health is historically funded in California – a big part is obviously a consequence of the 1978 Prop 13, which rolled back property tax revenue. And so part of [the importance of the MHSA] was indirectly [determined] by that. Now they're trying to redirect it to help close the enduring budget gap [whose severity is, in part, a consequence of Proposition 13].

GL: Right. Oh, yeah. I see. I'm not a property owner, but if I was a property owner, I probably would have supported Proposition 13, maybe that's a little Republican in me (they chuckle). I think you have to create wealth in order to appropriate wealth. California is a beautiful state. But for the top income brackets, they have other options. And we need to have a policy that will keep the wealth-generating entities in our state – starting with Hollywood and the movie production.

If we don't have that and we just think that we can just tax and tax, we're in trouble. We have to have more wealth to tax. So, yeah, taxation has a place. That's why I was very concerned when I saw some people that were taking a tack from Proposition 63. They want to add a percentage tax too – "Hey, me too. We'll tax a certain percent over 250,000 [dollars income]." And so the thing is we created a precedent—we've successfully passed this. Now, the others are coming along and they want to emulate us. If you reach a certain point, or a certain threshold, I think that the rich – super rich – will find other places – tax havens – [and] relocate. They're more able to relocate than the people who are benefiting from the services that come from their tax. Let us not forget – I don't want to get too political – what will happen [is] the state will implode. We don't want to sacrifice any of the programs, naturally, and it's just really painful. It's the rock and the hard place again. And the thing is the legislators are kicking it down the road so the next administration will have to worry about this (chuckling). It's troubling. And I just love this state. I love living here.

TG: Sure. And there are limits to what taxing can do. I mean, after Realignment passed in 1991, the [new tax] revenues from that were significantly lower than they were hoped to be because of the recession. So, even that that was designed to create this new revenue stream for mental health ended up being kind of a disappointment.

GL: Thank goodness for Proposition 63. I hit the streets. I editorialized. I went and gathered signatures. I hated the petition signing. I did my share of petition signing. I hate that. I don't like people approaching me, and I didn't feel comfortable approaching people, but I did it. And thank God that part is over. (chuckling) But that was the easy part because this sitting around trying to divvy it up and trying to see how to spend that money. Plus the non stakeholders are trying to raid the fund. And that's why I liked my job as editor. I'm dealing more with things and people – the writing and not having to brainstorm with a whole bunch of people. I didn't particularly enjoy that aspect of it. It's lot of serious issues that need to be thrashed out. And I just don't want to get caught in the crossfire. So, it was a good time for me to retire, I guess.

I still go to Project Return events. We had a camping trip to Camp Whittier, near Lake Cachuma – some place above Santa Barbara. It was nice, and it was nice to see all of my old friends, and that's the trip part. It was also peer support. We went out on the lake for a two-hour tour. It's bigger than Big Bear Lake, I think. We had a dance at

Camp Whittier. We used to do that at Big Bear, but Santa Monica YMCA Big Bear camp was closed for renovation, and I don't know what it's going to be like when they reopen it. And if they're spending all that money, I don't think that Project Return could afford it. We'll see.

TG: Yeah. Without getting into too much detail because I know you had said that the really intense detail orientation of some of the cultural competency meetings gets a little too much for you. But just overall, can you tell me some about your work with the cultural competency under the MHSA?

GL: I will try to recall. I'm drawing a blank.

TG: Okay.

GL: We were tasked to come up with language about "Underserved," "Severely underserved." We wanted a definition. We were assigned the task of defining what populations fit these categories because it was about the priority of who would get services first? Who was the most in need of services? Would service be based on class, or race, or ethnicity? Who is most in need of services? This is something that we had to thrash over. And I believe that the members of the committee did come up with a document defining "Underserved," "Severely underserved." And I don't remember the exact language because it's been over a year since I was on that committee. This is what we deliberated on for a long time.

And then, other than that, it was going into the details that issue there from. For example, there's some white consumers in counties that are sparsely populated, [that have] very limited access to mental health service. Would they be the severely underserved, or urban, African-American consumers living in the inner-city? And that kind of thing. Would it be based on race or class or geography? We had visitors there from Native American groups. Are Native American groups the most severely underserved? Who gets dibs on the funding? Where should the funding go, according to need? Let's define "need." Let's define "degrees of need" and figure out how to help the different groups. This is what we were tasked with.

TG: And [figure out] what constitutes underserved. And it sounds like there are—

GL: Who is most in need of services? (pause) What else?

TG: Tell me about your vision for mental health in California. If you were head of, say, California DMH and you had an enormous budget and you could essentially design mental health services in the state in the way of your choosing, what would that look like?

GL: It's like God (TG chuckles). I would promote Primal Therapy. I would have a parallel because Primal Therapy—they have a psychiatrist on board there, too, and sometimes they prescribe antipsychotics to the patients if it brings them down where they can Primal – that is, deeply feel and re-experience traumatic events so that they can be resolved once and for all. I would have two parallel projects. I would continue with the treatments that most of the people are on now. You just couldn't go from one system to the other. But I would develop Primal Therapy as an alternative to medicalizing mental illness, and I would let the science speak for itself. I would give plenty of support to that

as an alternative, and then you do your studies – longitudinal studies and studies of effectiveness of which approach [works best] – because even if that approach would work with a lot of people, it might not work with people with schizophrenia. Who knows? If it works with a lot of people, manic-depressive or whatever, it would mean that they could diminish their symptoms over time, like by half lifes. And so they could approach the limits of a cure. You can never totally overcome the effects of your illness. And then I would maintain this approach that we're stuck with now. Then we could see over time, and if the more the Primal model can be demonstrated to be effective, the less we will use medication – the stopgap measure of suppressing symptoms as opposed to eradicating symptoms altogether. That's what I would do if I were God and in charge of the resources. That's a definition. I'm not getting religious on you. But that's a good definition of God. (laughing)

TG: Sure, yeah.

GL: What I suggested might be anathema to the drug industry. Their whole empire is based on the need for that [medication]. So I'm not saying it [would] totally eliminate [the use of medication]. Just like at the Primal Institute – they don't totally eliminate antipsychotic medications. But there would be such a drastic reduction that empires based on keeping people on medication would collapse. In the meantime, since there's no alternative, I would encourage my members, like on Project Return, to stay on your meds. Definitely stay on your meds until we can come up with something better.

TG: [Until we can come up with] another way to address whatever's going on with the brain chemistry?

GL: Right. So, thanks for giving me that opportunity (laughing). I don't believe in miracles.

TG: You get to play California God for ten minutes? (they chuckle)

GL: Yes. Arnold, eat your heart out.

TG: (laughs) Yeah, right. What do you consider your biggest achievement or something that you are most proud of having done or worked on?

GL: Well, it would be my Op-ed piece. Of all the pieces I've done, it actually made it to the *Long Beach Press Telegram*. They don't usually run Op-ed pieces for non-established writers. The rapport that had already been built up between the *Long Beach Press Telegram* and Mental Health America persuaded them to run that article. And the article helped get Proposition 63 passed, I believe. And then I published the MHSA website in that article. That was my signature achievement. Forget my article. Publishing the website of the sponsors of the Mental Health Services Act where the arguments for the act were posted was crucial. They actually put that web site in the paper, where anyone with internet connections could access it. That was the one most—so they got the word out. Make it go viral, go viral, right? The Act passed by a comfortable margin.

That achievement was far more valuable than me on the street soliciting petitions. I hate that when I go to a Trader Joe's. Don't come near me with anything. I don't want people waiting outside to solicit me. It's ironic to me I did the very same thing.

Other than that, I greatly improved the quality of the newsletter in my tenure. My ten-year tenure (chuckles)

TG: That's right.

GL: They haven't replaced me, and I don't know why. I'm just anxious to see. Hopefully, they find someone better than me to carry on. Also, I'm concerned – USC is doing some kind of thing on the newsletter and they haven't consulted me yet. I'm concerned, and actually my feelings are hurt because I think I made an enormous contribution to improving the newsletter from what it was. It's not fair to the former editor who spent a large part of his life in Israel, and so he was bilingual in Hebrew and English. But I believe that during the time he spent in Israel, I don't think he used his English as much as he would have if he had remained in the United States. So his English style was a little stilted. Maybe he really wasn't all that great a writer. In all fairness, yes, he was more challenged, perhaps, with English than I was.

TG: Yeah I see. Well, those are all the questions I have. Is there anything else that you would like to add that I haven't asked about?

GL: No. Troy, what's your last name?

TG: Gabrielson.

GL: Gabrielson. It's nice talking to you, Troy.

END OF INTERVIEW