

Mental Health Information Co-ordinating Council

The following are two position statements composed, after lengthy deliberation, by the Mental Health Information Co-ordinating Council and recently accepted by your Board of Directors for distribution to the membership of the Los Angeles Psychoanalytic Society and Institute, which is one of the member organizations of the Council.

Among the 25 or more constituent Southern California organizations which join in the issuance of these statements there are:

A. I. M.

Committee of Short-Doyle Contract Facilities  
Los Angeles Council of Community Mental Health Centers  
Los Angeles Psychoanalytic Society and Institute  
Los Angeles County Psychological Association  
Southern California Psychiatric Society  
Southern California Psychoanalytic Society

Statement No. 1 is briefer and is intended for release to local public officials and public media. Statement No. 2 is a longer document, carefully worded to give supporting evidence as well as recommendations, and is for circulation among the membership of our constituent organizations and to legislative members and other appropriate agencies or persons in organization and control of mental health affairs.

LH:mk  
4/4/68

Lyman Harrison, M. D.  
Representative to the  
Mental Health Information  
Co-ordinating Council

STATEMENT NO. 1

MENTAL HEALTH INFORMATION COORDINATING COUNCIL

STATEMENT OF POSITION

STATE HOSPITALS

The Council welcomes the Governor's statement of February 24, 1968, calling for institution of new staffing standards based on the recommendation of the 1967 Commission on Hospital Staffing Standards. We call for this recommendation to be made meaningful by the appropriation of sufficient funds for its implementation. We urge the Governor to carry to its necessary consequences his recommendation for a "reevaluation of the budget for mental health in the light of the most up-to-date information available, based on need as well as resources available."

COMMUNITY PROGRAMS

Community treatment provides an alternative to State hospital care, which often is not only preferable clinically, but often is more economical. A recent survey shows that existing private Short-Doyle contract facilities are aware of a need for at least doubling the existing level of local preventive and treatment services and could provide this doubled amount of service with available manpower if dollars were available.

Therefore the Council welcomes the Governor's proposal that funds for Short-Doyle programs will be increased by \$4.6 million, but notes that an increment of similar size in the current fiscal year did not permit any increased services, and urges that a Short-Doyle appropriation be sufficient to meet the requests of local Short-Doyle programs. In particular, the Council opposes the closing or transfer of responsibility from any State program until adequate provisions are made for the care of the affected present and future patients.

COMMUNITY MENTAL HEALTH ACT OF 1967

The Council asks that this Act include sufficient provisions for the protection of potentially suicidal patients and for those who are in need of treatment without posing a clear and imminent danger to the community and who do not meet the criteria for establishing conservatorship.

STATEMENT NO. 2

MENTAL HEALTH INFORMATION COORDINATING COUNCIL

STATEMENT OF POSITION

This organization represents some 25 professional and lay organizations concerned with providing adequate treatment for California's mentally and emotionally ill. The following is our statement of position on legislation and policies which will be passed on during the coming year.

STATE HOSPITALS

WHEREAS the California Medical Association in 1968 studied California State mental hospitals and found staffing to be inadequate, and further found that recent budget cuts had caused morale and recruitment problems and had been detrimental to maintaining the institutions, and

WHEREAS Dr. James V. Lowry, Director of the State Department of Mental Hygiene, has stated that continuance of the present level of care in State hospitals cannot be recommended from a professional standpoint, and

WHEREAS while the State mental hospital population has decreased over the past decade, admissions are on the increase and the patients remaining in the hospital are more seriously ill and require intensive care,

THEREFORE the Mental Health Information Coordinating Council:

- 1) Welcomes the Governor's statement of February 24, 1968, calling for institution of new staffing standards based on the recommendation of the 1967 Commission on Hospital Staffing Standards;
- 2) Calls for this recommendation to be made meaningful by the appropriation of sufficient funds for its implementation;
- 3) Urges the Governor to carry to its necessary consequences his recommendation for a "reevaluation of the budget for mental health in the light of the most up-to-date information available, based on need as well as resources available."

COMMUNITY PROGRAMS

WHEREAS patients being discharged from State hospitals are placing sharply increased demands on local community facilities and Short-Doyle funds, and certification procedures under the new Lanterman-Petris-Short Act (SB 677) will place further demands upon available community services, and

WHEREAS sixteen counties are without Short-Doyle programs and other counties are curtailing programs and services because of the uncertainties of Short-Doyle funding, and

WHEREAS there exists a critical shortage of treatment facilities and services for children and adolescents, both on the State and community levels, and

WHEREAS a survey conducted by the Committee of Short-Doyle Contract Facilities shows that existing private Short-doyle contract facilities are aware of a need for at least doubling the existing level of local preventive and treatment services, and could provide this doubled amount of service with available manpower if dollars were also available, and

WHEREAS community treatment provides an alternative to State hospital care which often is not only preferable clinically but also is more economical;

THEREFORE the Mental Health Information Coordinating Council:

- 1) Welcomes the Governor's proposal that funds for Short-Doyle program be increased by \$4.6 million, but notes that an increment of similar size in the current fiscal year did not permit any increased services,
- 2) Urges that the Short-Doyle appropriation be sufficient to meet the requests of local Short-Doyle programs,
- 3) Opposes the closing or the transfer of responsibility from any State program until adequate provisions are made to care for the affected present and future patients in a new or improved program,
- 4) Supports and will work for development of local programs, both in and apart from the Short-Doyle mechanism, for mentally ill children and adolescents.

#### COMMITMENT PROCEDURES

WHEREAS the Community Mental Health Act of 1967 provides for sweeping changes in commitment procedures, and

WHEREAS many of these changes are designed to provide maximum protection for the civil rights of the patient, and

WHEREAS provisions are made for the retention and treatment of homicidal patients and those who pose a lesser danger to the community,

THEREFORE the Mental Health Information Coordinating Council:

- 1) Asks that the Community Mental Health Act include sufficient provisions for the protection of potentially suicidal patients;
- 2) Asks that the Community Mental Health Act provide adequate provision for those who are in need of treatment without posing a clear and imminent danger to the community and who do not meet the criteria for establishing conservatorship;
- 3) Asks that evaluation be made of the increased amount of staff time required to carry out more complex commitment procedures and that any significant amounts of staff time be replaced in order to maintain proper levels of patient care.