

Citizen Activist:

Carole Galkins started Permahousing because she realized shelter is a primary need for the mentally ill.



George Saketad

Berkeley a few years back, an outgrowth of a group that struggled to ban local use of involuntary electro-convulsive therapy. The group's members, a band of sometime mental patients, were so successful that they decided to create a statewide organization—the Mental Health Clients Network—and lobby for client-run mental health and social service programs.

This summer, the group convened its fifth annual statewide convention in Berkeley. The event was sort of a combination political convention, revival meeting and trade show. Representatives from 25 self-help groups came together to share experiences and chart the future of their movement.

Howie the Harp moderated the event. Two hundred people attended, most of them dressed in the unmistakable garb of the street. Some even brought their stuff, all bundled and Hefty-bagged.

"They said a group of unsupervised mental patients wouldn't last three months," recalled Howie the Harp as he convened the proceedings. "Five years later, we're still here."

Discussions ranged from what constitutes appropriate conduct for 501c-3 nonprofit organizations to an update on a controversial Supreme Court decision which ruled that mental patients have the right to refuse medication in some circumstances. Then, shortly after tearfully mourning a colleague's recent suicide, the unlikely champions of this new treatment modality truly entered the mainstream: they decided to organize a PAC.

Two local groups were among those represented at the Berkeley convention: Palo Alto's MIND Project and San Jose's Community Living Experiences, Inc. (CLE).

According to Paul Sivak, 42, CLE's executive director, community-building is a top CLE priority. Started in 1987 with a roughly \$300,000 county-funded budget, CLE provides a setting for the mentally impaired to experience a self-determined life. "We emphasize peer support [and] self-help," explains Sivak, who worked in the New York state mental health system before moving to California. "What I learned in New York is that if patients are given half a chance, they will help themselves. And they'll also help each other."

At CLE, that help takes many forms. Sixty-two clients, all with major psychiatric diagnoses, currently live in apartments clustered around an old elementary school site in San Jose. On a recent weekday, several of them gathered together in the converted classroom that serves as CLE's community center. There, worn seats pulled from CLE's van, assembled neatly in a semicircle, substitute for couches. A vibrant mural, created

by a CLE resident, screams from across the room.

At CLE, the word "patient" is out. Program participants are "clients" or "consumers." Therapists are known as "community development workers." But the changes are more than semantic; they represent a fundamental change in the mental health paradigm.

Allen, age 34, enters, introduces himself, sits in one of the van seats and buckles the seat belt. "You want to know what is different about this program?" says the former Navy jet mechanic, repeating the question as he rocks in his seat. "Everything is different."

A veteran of the county's mental health system, Allen says living in a board and care home, the mainstay of county long-term residential treatment, was miserable. "The food was terrible. Would you believe that there was no seconds on meats? They [the program operators] drive around in BMWs and Mercedes and they tell us we can't have seconds on meats," he says, head shaking in disbelief.

As Allen speaks, the room fills up with other CLE clients who nod in agreement. Barry, a 42-year-old father of two, explains that "the other programs are treatment type programs, with doctors and counselors. They try and fix what's wrong with you. Here, we have freedom of choice to live our own lives. There's no treatment required here. No medication required. There's no plan for making you get better. They just let you live here."

Doug, a 34-year-old who likes working with troubled kids, agrees. The problem with other programs, he says, is that "they proclaim they have the answers for you. . . . If you get to thinking that the experts have the answers, it becomes impossible to help yourself."

Michael, a 24-year-old with considerable kinetic energy, chimes in. "Sometimes," he adds, "you just gotta help yourself."

CLE's clients rent shared housing, provided at below market rates (\$165 to \$220 per month) by Housing for Independent People, a San Jose-based, nonprofit group. At present, all CLE beds are occupied, and there is a long waiting list. Sivak says he could use another 1000 beds. Though county officials say that won't happen soon, they cautiously express hope that the program will expand with the addition of a new clustered apartment project in San Jose.

Sivak says CLE's cost-effective peer support approach should convince authorities to put more resources into the program. "We're serving three times the number of people with essentially the same budget we had in 1987. And more importantly, we're building a community here, a community of political people. We want to develop a constituency that can fight for these things themselves," he says.

Heal Thyself

New self-help programs revolutionize mental health care

BY HAL PLOTKIN

Like a phoenix rising out of cold, untended ashes, a quiet revolution in the treatment of the mentally ill is taking shape in Santa Clara County's underfunded mental health programs. Ex-inmates from state psychiatric hospitals and local board and care homes are helping change the system, saving lives and taxpayer dollars. The experts, both at the county and the state level, say mental health services will never be the same. And they couldn't be more pleased.

The theory underlying the transformation goes something like this: Mentally ill people often know what they need. They should be

listened to, respected and allowed—even encouraged—to help themselves and each other.

The psychiatrists and social workers describe it as a "new treatment modality." The patients—who prefer to be called "clients"—consider it a revolution and a new social movement.

Along with several other counties, Santa Clara County figures at the forefront of this new movement, funding a handful of pilot self-help programs for the mentally ill. The programs are administered and run, to the fullest extent possible, by the clients themselves. Ex-patients from board and care homes and state mental hospitals now staff

local mental health program boards of directors, executive committees, disciplinary committees and even treatment committees, overseeing the hiring of doctors for their programs.

"The best help for a mental health client comes from other clients and former clients," says barrel-shaped Howie the Harp.

Howie should know. Homeless when he wasn't institutionalized, Howie earned his moniker by playing harmonica for spare change. Now the once-homeless musician is a pivotal leader in the statewide movement that Charles Roppel, chief of the Office of Prevention for the state Department of Mental Health, says "represents the future direction of our mental health system."

The new direction took hold in