

# Children In Peril . . .

## State Mental Health Services Inadequate

Mental health care for children in California is jeopardized, the experts say, by a lack of comprehensive statewide planning which results in a hodgepodge of community and state programs.

Out of ignorance, mismanagement or for lack of adequate treatment facilities, they say too many mentally disturbed kids end up in detention centers or are shunted from place to place in the foster home network.

The majority of young people in state hospital treatment programs, for example, have been in numerous foster homes or in psychiatric or detention facilities before they reach the hospitals.

Many are the products of child abuse or neglect. Many never have visitors.

"I could write a book on what's wrong with services to children in this society," says Don Z. Miller, a deputy state health director with long experience in children's treatment programs. "Under the guise of 'help' — and I'm talking about the educational system, social welfare, juvenile justice as well as mental health — we often do more damage than good . . .

"It's necessary to get in on the ground floor and do something when it's needed. Otherwise, the kids just end up on a treadmill . . . We have kids (in the state hospitals) who have been in 25 foster homes and are schizophrenic at 17. What the hell do we expect?"



DON Z. MILLER

... "more harm done than good"

State hospital programs for mentally ill children and adolescents are operated in only two facilities, at Napa and Camarillo. (A small program housing 36 children at Metropolitan State Hospital in Los Angeles is being transferred to Napa.) Combined, those programs serve fewer than 500 children and youths.

Compared to the adult system — which houses nearly 4,500 mentally ill adults in state hospitals — officials say the number of children treated is a pittance.

"One of our deficient areas is in the treatment of children," says state hospitals administrator Dr. William Keating. "Children are grossly underserved in the system. We need more comprehensive planning, and not just in the health department . . .

"It's only been in recent times that demands for treatment have been made by schools and parents. It used to be in the schools that they'd stick a (mentally disturbed) kid in the back of the room and forget about him. It was the same with the mentally retarded.

"We see people in the adult system who should have been treated years ago as children, but weren't. There are a lot of kids in the juvenile justice system, like those who serve as 'fops' for juvenile gangs."

Mental health professionals say emotional disturbances among children and youth go hand in hand with the alarming increase in juvenile crime.

"Often, when local mental health programs see the state hospitals are filled, they'll divert kids to juvenile halls," Keating says. "The kids are treated like yo-yo's . . .

"Part of the problem is the increasing stress of our society, the increased competitiveness . . . Mental illness is often the result of stress, and bad home situations contribute to stress in children. Many of these kids are victims of child abuse and neglect.

"It's awfully easy to withdraw from

reality when reality isn't too pleasant."

Dr. Stephen Bushi, a child psychiatrist who directs a model program for mentally disturbed children at Camarillo State hospital, says mental health care for children and adolescents suffers from a lack of facilities, money and planning.

"One of our problems is preparing kids for normal placement in the community and coordinating that with community facilities," he says. "There is a lack of continuity of services...."

"Right now there is a tremendous negative feeling against the state hospitals, and a lot of people are against state hospitals without even seeing them. I'm not opposed to starting community facilities, but I am opposed to closing state hospitals when there is no alternative.

"We have children here who we have been told are 'unplaceable' because of their combination of symptoms and because they are management problems. There are many without visitors. There is a lack of facilities (for children), and this setting is seen as a treatment of last resort."

To help deal with the increasing numbers of young people needing mental health care, the health department recently organized a task force of parents and professionals to recommend improvements in state mental health planning for youths. The task force report, issued this



DR. WILLIAM KEATING\*  
... "children grossly underserved"

month, is an indictment of services for emotionally disturbed young people.

To improve services, the task force recommends "optimum efficient use" of existing state hospital programs, at the same time developing a system of regional residential treatment centers. Strong opposition is expressed in the report to any staff cutbacks in state hospital programs for children and adolescents.

"California is so far behind in the

development of adequate local mental health resources for children and adolescents that, in the short run, state hospitals must continue to be utilized," the task force maintains. "It is imperative that we immediately act to develop comprehensive systems of mental health services for children and youth throughout the state."

State health officials who are studying the report decline official comment but privately express concern that some of the task force recommendations will present "budgetary" problems. Translated, that means it all costs too much money.

"They picked up some figures off the wall," said one high state health official. "I can't take that to the legislature or the legislative analyst."

Task force members counter that the improvement of mental health services to young people is going to cost money, and the state had better bear the cost unless it wants to bear the consequences of more mad, disturbed children committing more mad, disturbed acts of mayhem and even violence.

"Appropriate quality care for seriously disturbed young people is very expensive," the task force concluded. "A humane government of a humane society recognizes the need for such expense."

"When it comes down to the bottom line," says Bushi, "children's programs don't get the money."