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1074

A Girl And Her Family: Story Of Success In A State Hospital

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She was born 15 years ago this summer. Almost immediately, her parents knew something was wrong.

The experts called it "childhood schizophrenia."

Years later, they had another name: "narcissism," not the classic term of self-worship, but rather a condition of agonizing, terrifying search for self — in this case, a frightened, insecure child for whom normal social interaction was impossible.

She couldn't stand to be in a crowd. The usual childhood trips — Chinatown, Disneyland, Fisherman's Wharf — would terrify her. It was as if every voice, every conversation in the crowd were exploding in her ears.

Unpleasant physical sensations — the smell of a roof being tarred, for example — would upset her beyond all reason or understanding.

At school, she was very quiet — an adequate student, of high intellectual

Many children receive treatment in detention centers

ability, but one who required constant tutoring to get by. She had few friends, thought people were always ridiculing her, felt small and disliked and insignificant.

At home, she would become terribly angry, throwing things and apologizing for wanting to throw them.

The pain of it all shows in her father's eyes. He pulls out his wallet, produces a school snapshot of a lovely, brown-eyed girl. She has long, wavy, auburn hair flecked with gold, and a shy smile.

"She's a beauty," he says quietly.

Somehow, you don't expect the image in that picture. Given the stereotypes of the mentally ill, she looks, well, too "normal." But her father's story is true — the story of countless young people afflicted by various forms of mental illness.

She is one of the lucky few: Her

parents are upper middle-class, her father a professional in the health field. There is an older brother, a normal 17-year-old of genius-level intelligence.

Her story tells what is possible. It must be considered in the context of her family background and her father's professional knowledge of available treatment. It may not be the story of the child of poor parents, or abusive parents, or those who simply don't care. For those children, too often, "treatment" consists of incarceration in a juvenile detention facility.

"Some kids are born without 'dampers,'" her father is saying. "They hear and sense everything acutely. She couldn't stand noise, or being in a crowd. She was afraid to be alone at night. There were lots of fears.

"She always felt she wasn't good enough. She didn't think well of herself. She was frightened, and didn't know how to express anger. She was afraid to open up, afraid that if she told people her fears they would think she wasn't any good as a person. To be conventional was her goal, because you blend in that way.

"She didn't know how to deal with other kids teasing her. She'd be quiet as a mouse at school, then let out at home. When she got to junior high school, it became too much for her to handle. Kids can be so cruel to other kids."

The family tried everything — special love and attention, enormous understanding, psychiatrists, various counseling approaches, tutoring.

"You adjust your life around it," her father says wearily. "But after a while, you decide that's not fair."

By age 13, nothing was working. The family sought help at the Neuropsychiatric Institute of the University of California, Los Angeles, Medical School, which recommended a special, widely praised children's program at Camarillo State Hospital north of Los Angeles. In the interim, the family placed her in a private facility — at \$100 a day for six weeks. That stay was not covered by insurance.

About a year ago, she was placed at

Camarillo. Her father — who asked that the family not be identified to protect his daughter (they still get anonymous phone calls from kids who want to harass the girl) — became active in a hospital parents association and served on a special state health department task force to recommend improvements in the delivery of mental health care to children and youth in California.

In the wake of considerable negative publicity about state hospitals — including a sensational public grand jury hearing into alleged

'She didn't know how to deal with other children'

patient abuses at Camarillo — to hear something good said about a state hospital is as rare as a May snowstorm in Sacramento.

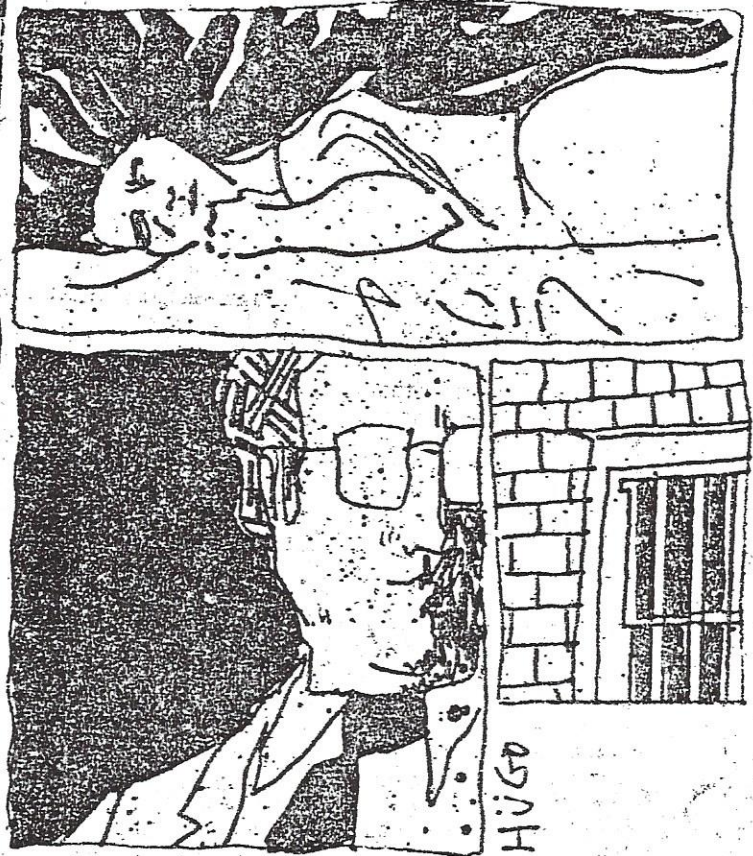
Nobody is quite sure why the Camarillo children's program enjoys such high esteem, except that its staff over the years has been blessed with more than the usual complement of especially competent and dedicated people. And, over the years, they have known how to get to the key legislators and funding agencies for the dollars to finance an exemplary mental health program.

As a result, they can cite successes like the brown-eyed girl in the school snapshot.

"Her progress has been fantastic," her father says, and the furrow between his eyebrows eases when he says it. "We thought it would be a very long-term thing, but they are planning to discharge her in the fall to a halfway house. We were amazed.

"She is more realistic in her expectations of other people and of herself. She is able to do more things by herself, and to verbalize her anger. She's learning how to tell us that she's angry, rather than just acting angry. She can say, 'I'm mad,' and why."

If all goes as planned, she will leave the hospital in the fall to go to a structured residential environment where she will be with other young



people in a home-like setting with constant professional attention. Eventually, she will come home, return to school, rejoin "normal" society.

Her father credits the hospital program, but fears negative publicity about Camarillo is dissuading other parents and mental health professionals from referring patients. If that pattern continues, he and others fear the program may suffer.

Started in the 1950s at Camarillo by a noted child psychiatrist, Dr. Norbert Rieger, the children's program has space for 100 patients. It is now at only 75 per cent of capacity. If the low patient enrollment continues, the program could lose some of the "enriched" staff-to-patient ratio which has apparently been a major reason for its success.

In addition, parents and staff are concerned about the recent adoption

of 1973 staffing ratios for the state hospitals — a much-heralded accomplishment generated, some years after the need was recognized, by previously withheld support from Gov. Brown.

Dr. Stephen Bushi, a child psychiatrist who directs the program

'She's learning how to tell us that she's angry'

— one of only two Camarillo programs for the mentally ill (the other is for adolescents) which is accredited by the national Joint Commission on Accreditation of Hospitals — says it stands to lose

valuable professional staff positions as a result of quirks in the 1973 staffing standards, which are supposed to relieve understaffing in state hospitals.

"It's like going backward," he says, "in order to go forward."

State hospitals administrator Dr. William Keating admitted the program could lose some professional-level staff (psychiatrists, psychologists and the like). "Professional personnel," he said, "will be a little lean."

What effect that might have on treatment of the severely disturbed children in the program can only be surmised.

"It would be a disaster," says the father of the brown-eyed girl. "We'd end up with custodial care. We need an enriched program for these kids — to get them out of the cycles they're in and out of the hospital."