IMPACT

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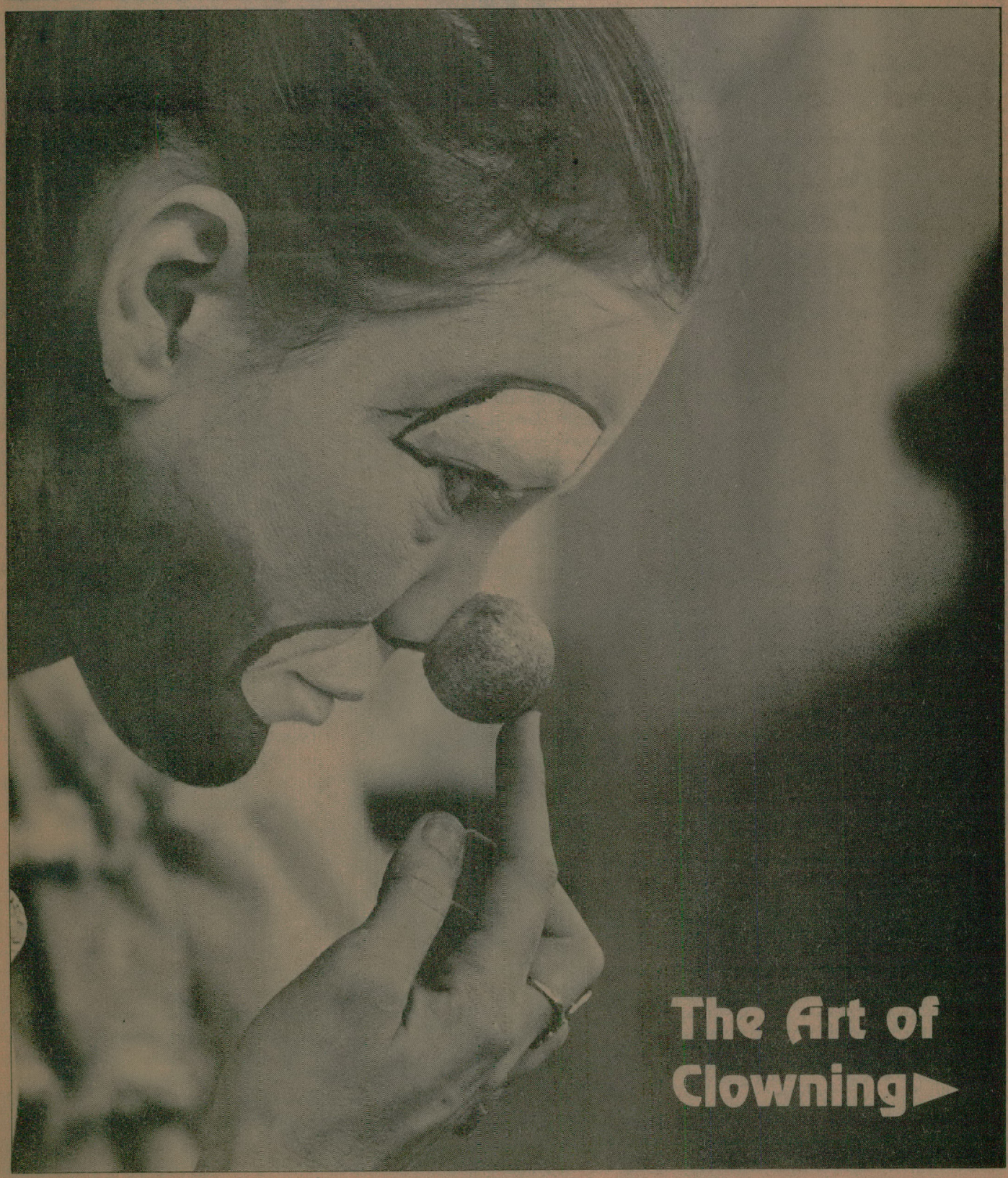


The Art of Clowning ►

Therapy in Greasepaint

KERRVILLE---Peppermint, Rainbow, Speedy, Little Bit, Lollypop, Rufus, Beeba, Popcorn, Hickey, Too Too, Snoozy, Brandy, Hobo, Sandy, Giggles, Bozet, Raggedy, Jab-bo and Tushee.

A word association test? No, it's roll call for the Hill Country Clown Club when the members meet every other Monday in their fully-equipped club room at Kerrville State Hospital (KSH).

Since the 1969 Fourth of July community parade when the first 14 KSH clowns performed their first gig, developing a taste for greasepaint and the crowd's cheers, 92 KSH patients have gained new skills---in the art of clowning. With the club's fame extending beyond the Central Texas Hill Country, the group's award-winning performances attract more invitations than the members can accept.

Organized as a Hospital Improvement Program by Eliese Dieke, recreational therapist, the club's therapeutic goal is to involve withdrawn patients in activity that offers pleasure and recognition within the hospital and the community. They feel comfortable and accepted behind the mask of makeup. Patients can do foolish, childish things to create laughter at their acts and not at themselves.

Dieke, now retired from KSH, had training in clown makeup and taught it to patients and staff. It involves much more than simply putting meaningless lines on the face. Every part of the body must be covered with either makeup or apparel. No skin shows. The costume is total, including gloves and socks.

Clowns choose their own characters, usually from the three traditional types. They are whiteface, auguste and tramp. Each has a role and a tradition.

The whiteface is named for the white makeup used to cover the entire face and throat. Wide red lips, black outlines for the eyes and eyebrows, and a red spot or black line or two on the cheeks relieve the stark white. The whiteface originated in Italian street theater of the 16th century. The character, Pedrolino, later developed as Pierrot in Paris theaters. "Clown" meant country bumpkin but he gained audience sympathy and became a clever trickster.

"Auguste" meant "fool" in 1800 Berlin slang. This clown type appeared by accident at a circus performance. A performer, in disguise to amuse friends in his dressing room, was pushed accidently into the ring. His fall created so much laughter because of his look of offense at someone yelling, "Auguste," a new act resulted for the circus.

Helga Pakkila's smile shines through her Giggles the clown identity.

White grease paint may be used by the auguste to enlarge the eyes and mouth but a flesh-tone base is used most often. Red accentuates the cheekbones and a bulbous red plastic nose is added. The costume usually is based on a man's suit---baggy paints, suspenders, necktie, coat with wide lapels and a too-small hat.

The American vaudeville circuit produced the tramp clown in the 1870s. W. C. Fields and Charlie Chaplin performed as tramp clowns. During the Depression of the 1930s, Emmett Kelly created Weary Willie. In his autobiography, Kelly wrote about Willie:

"I'm a sad and ragged little guy who is very serious about everything he attempts---no matter how futile or foolish it appears to be. I am the hobo who found out the hard way that the deck is stacked, the dice frozen, the face fixed and the wheel crooked, but there is always present that one tiny, forlorn spark of hope still glimmering in his soul which makes him keep on trying."

It's this spark that may have lighted the way for 23 of the 92 KSH clowns to turn in their Hill Country Clown Club membership in favor of independent life in the community. And others, moving in the same direction, continue as clown members although they reside in quarter- and halfway houses. It would defeat the club's purpose if discharged patients were permitted to retain their membership.

Sandra Woerner, Don Pelzel, Loretta Treadwell Monk and Ernest

Gonzales are among KSH therapists who have been accepted into club membership, have given their time and support, and have shared in this positive form of patient rehabilitation.

The club's current 18 patient members include three of the 1969 charter members. They are Kermit Powell (Hobo), Elvira McConnell (Speedy) and Cleveland Wynn (Hickey), the club's chaplain. Meeting minutes report on attendance, decision making in regard to invitations, membership applications, travel arrangements, techniques, equipment and training. Members also plan special hospital events such as the birthday party honoring their most enthusiastic fan, KSH Supt. Luther W. Ross, M.D. One patient member recently initiated the purchase of T-shirts for the club and selected an appropriate design to accompany the "Hill Country Clown Club" legend.

To qualify for participating in out-of-town performances, patients must attend club meetings regularly. They also must assume responsibility for their conduct while on the road. This involves handling their funds for hotel-restaurant charges, carrying costumes and props, assisting with makeup, sharing in and cooperating with the group's choice of restaurants and entertainment and being dependable as a performer. Peer pressure exerts a critical influence on member behavior. The patients' desire to continue sharing the good times results in little difficulty for staff members to resolve.

To the delight of area school children of all ages the club members produce a popular program in the classrooms. They appear in costume but apply their makeup and exhibit the many props, with full explanation, as the students observe. They answer questions, invite students to be made up as clowns, create animals with balloons and distribute them to the eager youngsters. The latter activity results from club training in the art of Balloonology.

In the club's decade of operation its store of props has expanded to include such favorites as a Texas-size fly and fly swatters, rubber chicken, giant ball bat, oversized hammer and saw, stuffed animals and a working, miniature car. An array of imaginative costumes dazzles the eyes with their color and sparkle. Many are the result of donations creatively used by staff members to produce an impressive, glittering collection.

Members' expertise is shared willingly, and they have assisted in training new clowns for the Alpha Beta Upsilon Chapter of Beta Sigma Phi in Fredericksburg and the Kerrville Knights of Columbus.

Much of their skill is the result of training received at conventions of the Clowns of America and from the organization's publications.

Florence Howard, KSH director of Rehabilitation Therapies, considers the club members as KSH's Ambassadors of Laughter and recalls this observation, "Through the clown and the comic, God must smile down on his troubled little ones from 6 to 96 and say, 'Relax. Don't take life too seriously, for the tree that does not bend in the wind will break.' "

The mist of mirth created along the Guadalupe River by the Hill Country Clown Club since 1969 must have added to God's smiles. *H.C.*

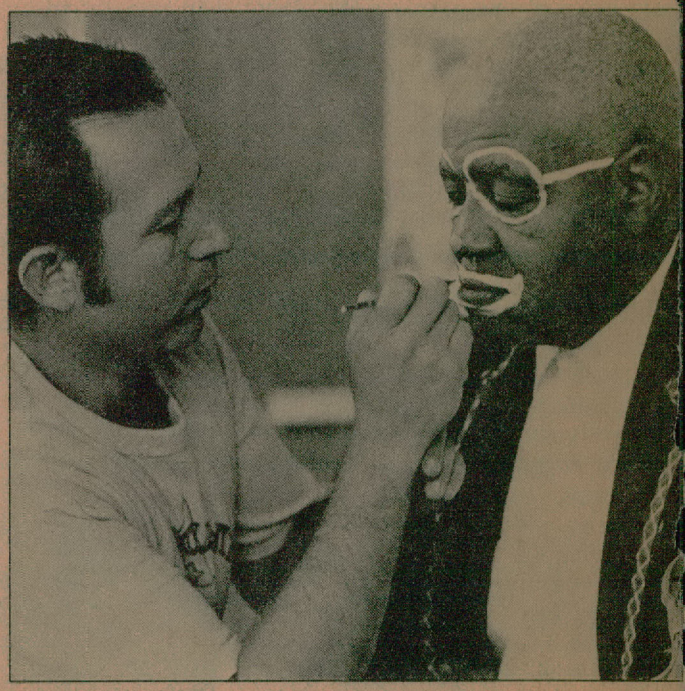
Clowns of America will help find the nearest "alley" (chapter) for those wanting to become a clown. For membership information write the treasurer, John Tabeling, 2715 E. Fayette St., Baltimore, MD 21224.

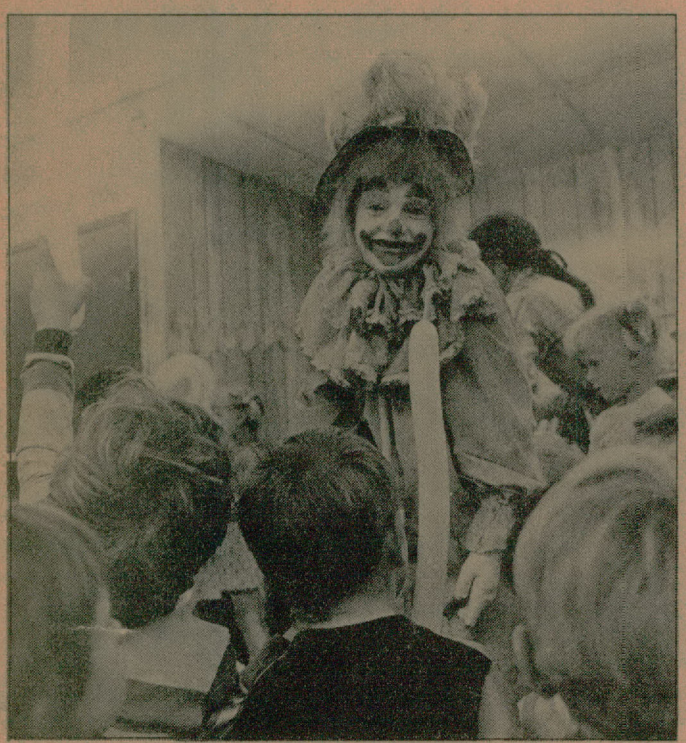
Elvira McConnell, (left), Kermit Powell and Cleveland Wynn have been members of the Hill Country Clown Club for 10 years.

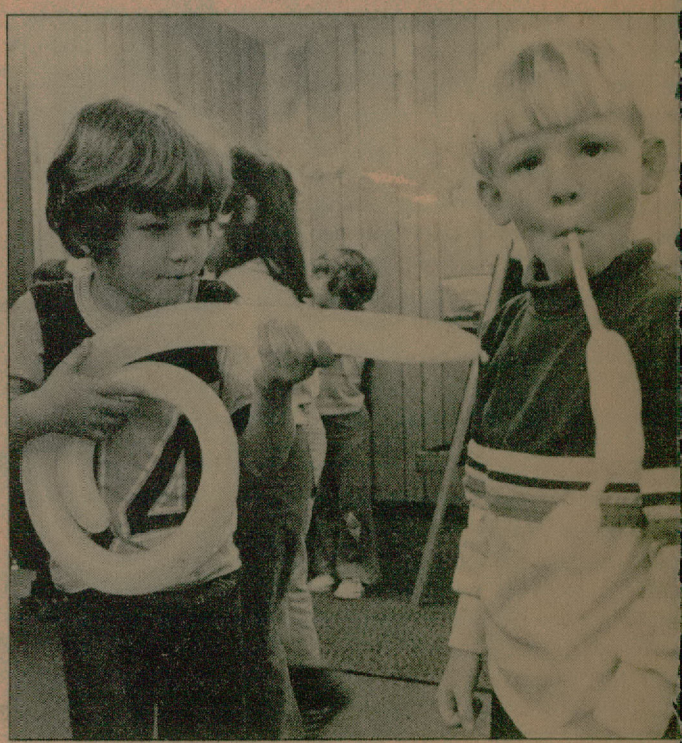
Clowns Are People Too

"For the children, it's a way to familiarize them with clowns, to see that we're just people with makeup and not anything to be afraid of." That is how Sandra Woerner, KSH recreational therapist, explains part of the purpose of the Clown Club's visits to local schools where they entertain and educate the school children.

The other part, Woerner explains, is "for patients to get out into society and to be accepted." The kindergarteners at Doyle Elementary who watched Woerner and fellow therapist, Don Pelzel, change Eddie Gassaway and Helga Pakkila into Professor Too Too and Giggles more than accepted the patients in their clown identities---they were delighted by them. Just as delighted were Professor Too Too and Giggles by the laughter they created.







The Making Of a Clown

After Giggles and Professor Too Too assumed their alternate identities, one child was chosen to wear the clown's greasepaint. Michelle Arnecke was the lucky girl who was transformed from an ordinary Doyle Elementary kindergartener into a giggling, blue-wigged, hammer-wielding clown. ■ *Photos by Sarah Bird.*

Two New Faces...

Legislative action has created two facilities under the supervision of TDMHMR. Scheduled to begin Sept. 1 are the Laredo State Center for Human Development and the Waco Center for Youth.

...Laredo State Center for Human Development

Forerunner to the Laredo facility is the Laredo Community MHMR Center, funded originally by an eight-year National Institute of Mental Health staffing grant and state dollars in 1969. Since that time the program has operated as an outreach unit of the Rio Grande State Center for MHMR in Harlingen.

The change to an independent state unit is largely a matter of transferring clinical and administrative supervision from Harlingen to Laredo. This will enable the center to be even more responsive to local needs, with only a modest budget increase and few new staff positions. A director will replace the currently acting program director Sept. 1, overseeing 50 staff positions and a budget of $743,722 for fiscal year 1980.

The center will continue to operate mental health and mental retardation programs through a main clinic in Webb County with outreach centers in Jim Hogg, Starr and Zapata Counties. Eventually, the increased emphasis on mental retardation services will lead to local group homes and other short-term care for the mentally retarded. Until then, Rio Grande State Center will continue to serve the residential needs of clients in those counties.

...Waco Center for Youth

A residential treatment center for emotionally disturbed youth aged 10-17 will be added to the TDMHMR system with the scheduled transfer of Waco State Home, currently a Texas Youth Council facility for dependent and neglected children. A declining need for such a home and growing need for other services to adolescents led to interagency cooperation for conversion to the Waco Center for Youth.

Some of the new residents will transfer from child and adolescent units of TDMHMR hospitals because they no longer need acute hospital care. Most, however, will be youth under protective conservatorship of the Texas Department of Human Resources who have bounced from foster homes to institutions without receiving help for their behavior disturbances brought on by emotional problems.

Excluded from placement are delinquent youth and those in need of supervision (as defined by Title 3 of the Texas Family Code), and others in need of greater security provisions, such as the psychotic, severely depressed, suicidal, homicidal, anti-social or violently aggressive adolescent.

As a treatment facility, the center will provide psychiatric, psychological and other clinical services within a residential setting. As a transitional facility, the program can serve discharged hospital patients who still are not ready for community living.

The center will accommodate a maximum of 90 youth through six cottages and an intensive care unit. A director, under supervision of the TDMHMR deputy commissioner for Mental Health Services, will oversee approximately 200 staff members. Preference is being given during recruitment to current employees of the Waco State Home, if they meet the qualifications and are transferring to the same type job. Some administrative and clinical staff will be new to the facility.

Charles Locklin, acting director, estimates the average length of stay at one year. The program will focus on behavior modification, including development of a plan for behavior management that will accompany the resident upon discharge. All educational services will be provided on campus by certified special education teachers. ■ *J.O.*

Conference Calendar

July 29-Aug. 2
"The Paradoxes of People-Helping"
22nd Annual Institute of Alcohol Studies
Sponsored by Texas Commission on Alcoholism and The University of Texas Division of Continuing Education
Contact: Institute of Alcohol Studies
Joe C. Thompson Conference Center
The University of Texas at Austin
P.O. Box 7879
Austin, TX 78712

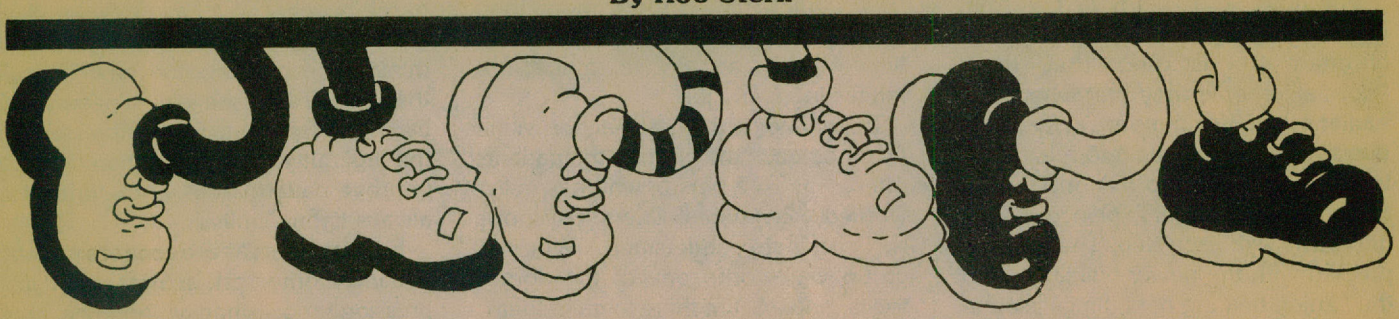
Aug. 17-18
"The Puzzling Picture of Community Mental Health: Is Prevention the Missing Piece?"
Held in Austin
Sponsored by the Consultation and Education Unit of Austin-Travis County MHMR Center
Contact: Rolando Garza
2325 E. 1st St.
Austin, TX 78702
(512) 478-9686

Aug. 23-24
Information Seminar on Health & MHMR Planning in Texas
Held in Austin
Sponsored by TDMHMR and Tx. Dept. of Health
Contact: Stuart Fisher
TDMHMR
P.O. Box 12668
Austin, TX 78711
(512) 454-3761, Ext. 261

Oct. 4-5
Texas Association for Children With Learning Disabilities
15th annual conference
Held in Houston
Contact: TACLD
1011 W. 31st St.
Austin, TX 78705
(512) 458-8234

Take A Walk

By Rob Sterk



Being tour guide for a state hospital requires knowledge, patience, ingenuity... and stamina.

Working in the Austin State Hospital Information Office brings its own peculiar set of responsibilities. One of my duties is to lead tours of the hospital, explaining our programs, treatment philosophies and modalities while we walk.

Perhaps this is the wrong place to make assumptions. When groups ask to see the hospital, I assume that they are interested in knowing more about current treatment of mental illness. I assume that they know that there have been fundamental changes made in treatment since the late 1950's. As I said, perhaps this is the wrong place to make assumptions.

It is an average work day. The phone rings, and the party on the other end of the line is calling long-distance: "I'd like to arrange a tour for my university psychology class to see your institution."

I am jarred at first by the use of the word "institution." The word itself has fallen from favor; it was replaced long ago by that marvelously accommodating and neutral "facility." When any one term becomes too definitive, or conjures too many negative images (i.e., "institution"), another, less offensive one is substituted, then spreads like the plague throughout the bureaucracy. "Facility" is one of those. Personally, I prefer "hospital."

But, let's go back to the telephone call. We determine a time and day for this tour, discuss how many students we may expect and ask if there might be a special area or interest we may emphasize.

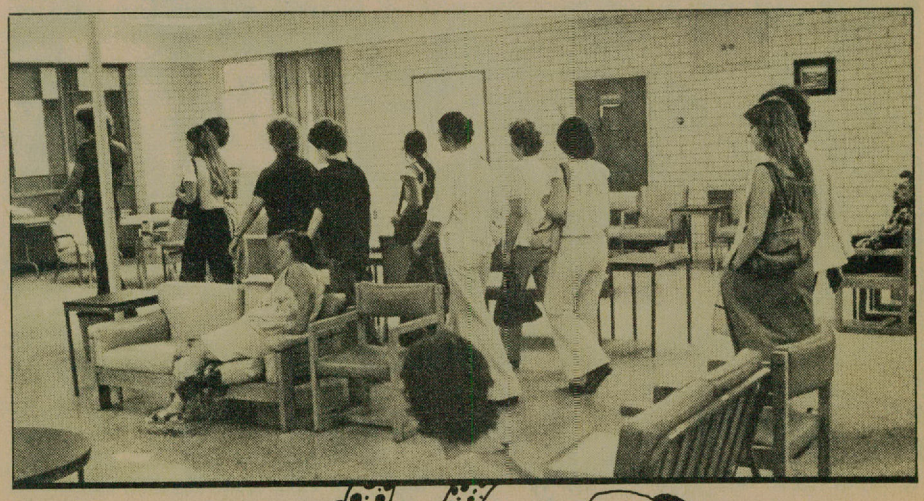
"Yes, there is, as a matter of fact. I'd like for my students to see some of the inmates in their cells."

Inmates! Cells! At that point, it is dawning on me that this is to be a tremendously educational tour, if not for the students, at least for their professor. It is impossible to explain via long-distance that our patients are not "inmates," nor have they been confined to "cells" since the turn of the century. This clarification is the whole purpose of the tour. I settle for a simple response: "Our patients are not kept in cells, but I'm sure you'll see for yourself when we're on the ward."

We finish our conversation.

It's the day of the tour. Our visitors assemble in the conference room, and I tell them some basic information about the hospital's organization, history and function. Yes, some suicidally depressed patients *do* receive electroconvulsive therapy, but only if they or their families choose it, or if the depression threatens physical life. No, we do *not* use straightjackets, lockbelts, handcuffs, etc. Yes, we *do* seclude some patients, but only if they have become a threat to themselves or others, and only until they can behave appropriately.

"Appropriate" is another bureaucratic plague word. Inappropriate use of "appropriate" has reached epidemic proportions around here. Good, positive, constructive, helpful, rewarding behavior is "appropriate." Opposite behaviors are, of



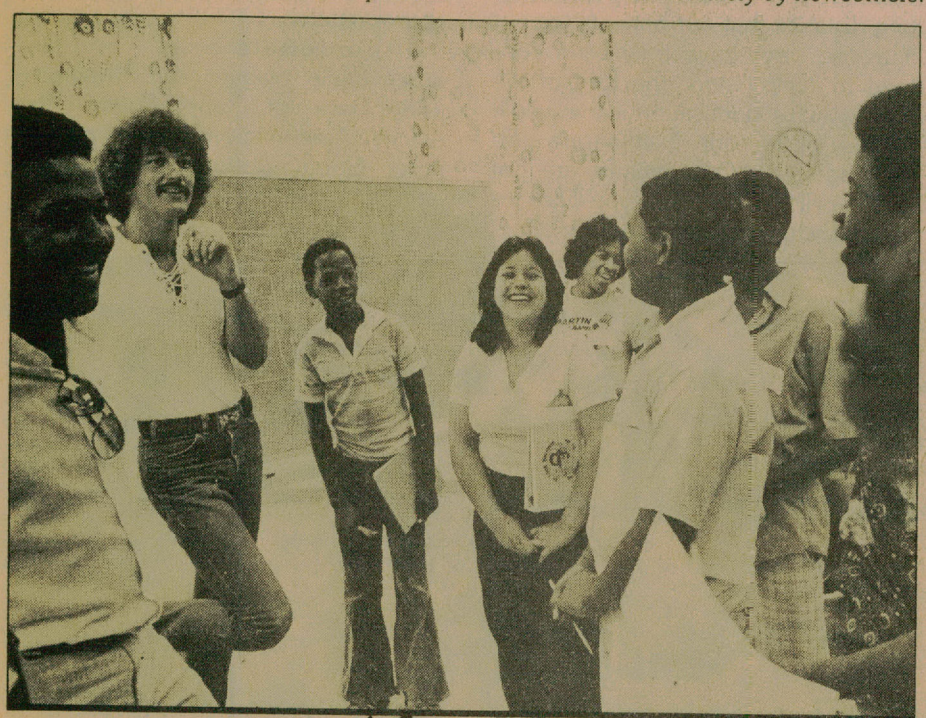
course, "inappropriate." I suppose I shall write about all my favorite plague words and cliches some other time---some more appropriate time.

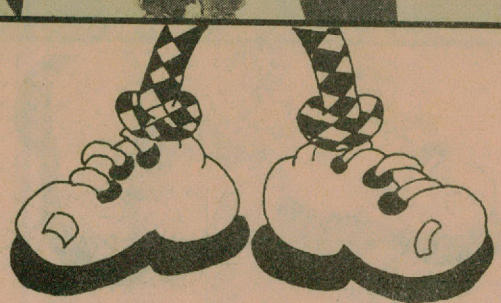
For now, let's return to our tour, already in progress. The students are stunned to discover that these "normal" people they met when they earlier asked directions are actually patients. The visitors begin to relax now; their shoulders slump to normal positions, and they forget to glance around nervously with each step. They are impressed with the newer buildings, and they enjoy hearing how things used to be.

Bit by bit, the students begin to understand the hospital on a human scale. As they meet staff, talk with patients, walk from building to building, they perceive a casual friendliness on the faces they meet. They realize that these same staff members look just like folks one might see at the store, at church, the cafeteria or the movies.

Until now, this tour has been routine; the questions are basically the same; so are my responses to them. In fact, the hardest part of being tour guide is fighting the inclination toward the rote. It is a real temptation to tell this group exactly the same thing I told yesterday's group, and Wednesday's social work interns, and Monday's students nurses, *ad infinitum*. But, I think I owe them more than that. They are here to learn, and whatever I can do to make this interesting is my job.

Experience is the best teacher. What I cannot teach the visitors, the patients often can. To a person who has never worked with mental illness, psychosis is difficult to understand. When a group walks onto one of the dormitories, patients are there to greet them. Some are, naturally, more gregarious than others, some downright hostile. This immediate contact with patients on the treatment areas helps visitors understand the patients *on their own terms*, and that, in my opinion, is the sole benefit in taking 20 strangers through a dayroom. They are forced to contend with mental illness face-to-face. It is no longer a textbook theory, movie script nor romanticized cause. It is an elusive, confusing, individual set of circumstances, emotions, ideas and beliefs. Above all, it is a lesson in frustrated communication. This is understood immediately by newcomers.





I have established a policy for my tours: never show only the bright, new buildings. I normally tour the older units to give people a realistic picture of the hospital. We have new and old represented here, and it is unfair, I think, to show only the new. Nor is that to say that the old is necessarily bad. Visitors usually are impressed by the ingenuity and imagination used to improve patient areas when funds are always tightly limited.

Employee areas are another matter; patients come first. It makes an impression, too, when visitors see how some staff must work under conditions which would be inconsiderable in the private sector. How many professionals do you know who would willingly establish an office in a "renovated" bathroom? I guess there are advantages; it's easier to wash your hands when there is a lavatory next to the desk.

My horror in this business is that I may forget to mention some important fact, or dispel some destructive myth. How many hundreds of unhappy people have failed to seek treatment because Grandpa told them "you never get out of that place?" How many taxpayers still do not know the difference between a state hospital and a state school? How many millions of Americans still believe that lobotomies are a current treatment? Even though a lobotomy hasn't been performed here since 1952, everyone who has seen *One Flew Over the Cuckoo's Nest* or read an abnormal psychology text assumes that we systematically lobotomize all our problem cases. Like I said, assumptions are dangerous here, very dangerous. With such notions still in vogue in 1979, I can't afford to forget to mention them.

Before dismissing my flock, I try to impart my version of what folks in the ad biz call a 'stinger'---the catchy slogan at the end of the jingle, the one line you remember from the whole ad. You know, it's the one that keeps you awake all night. Anyway, my tour stinger goes something like this:

"If you know anyone who needs psychiatric help, for heaven's sake help that person find it. Call the local MHMR center, one of our 11 outreach centers, or even us...only get help! Just because a person sees the center staff doesn't necessarily mean that he must be hospitalized. Most people can be helped while their jobs and families are intact."

That's the drift. There's where I hope the sleepyheads wake up and listen to me.

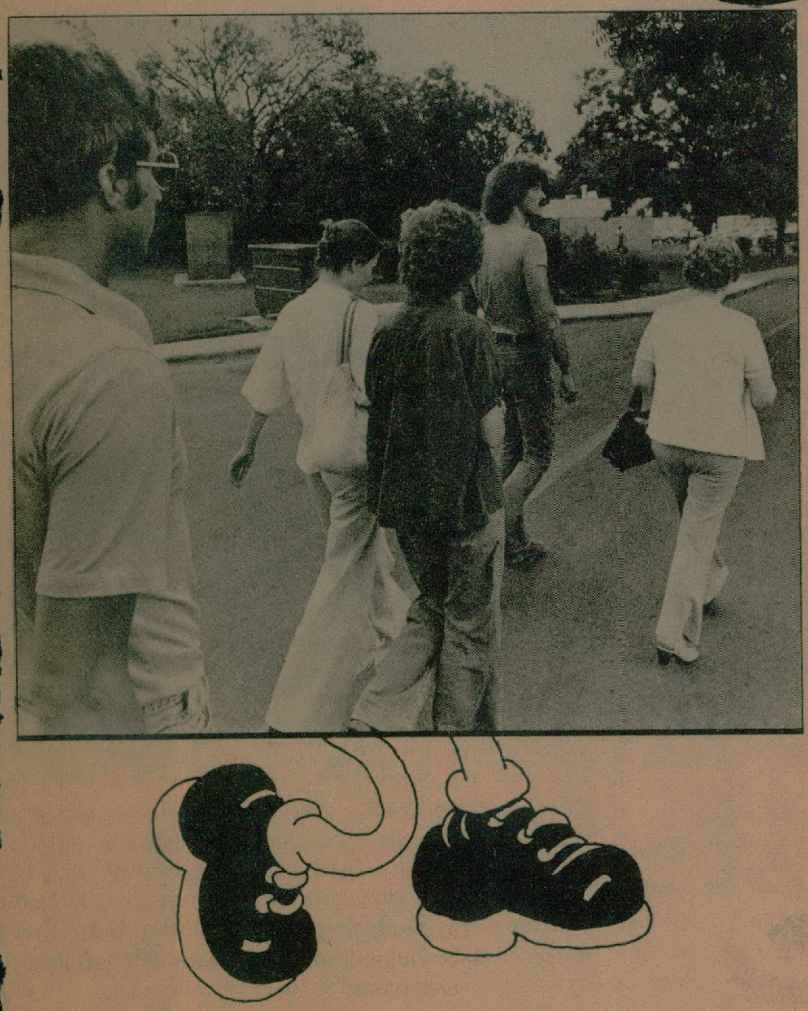
"Are there any final questions?"

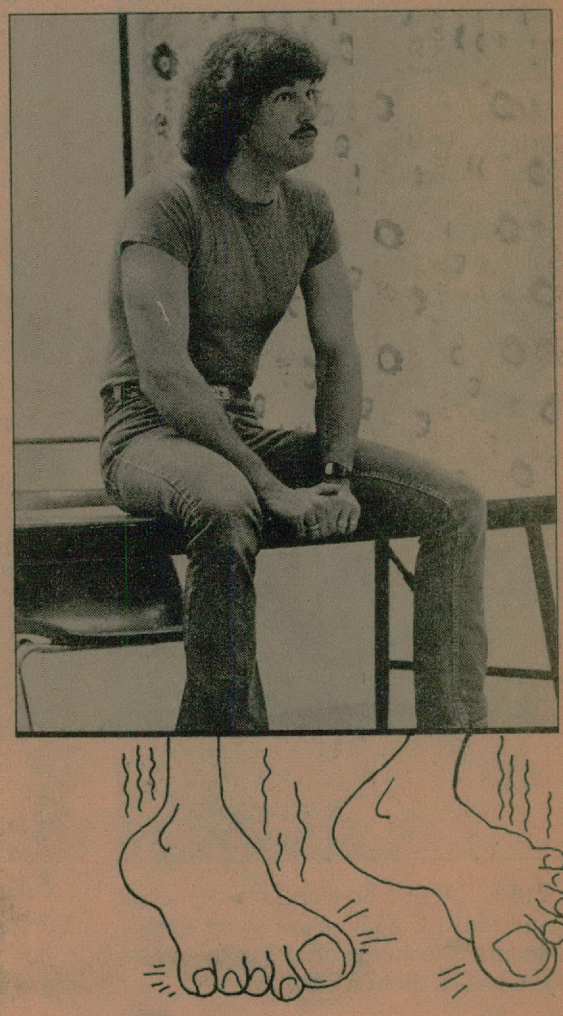
This is a last chance for my new friends to ask the questions which have been scampering through their minds as we plodded across the hospital grounds. Throughout all of this, my mind has been preoccupied with other duties waiting for me at the office: layouts to paste, volunteers to interview, calls to return, stories to write, letters to compose. By now, our legs are ready to let us continue without them. These 200 acres grow larger each week, and I know that our Maintenance Department secretly moves the buildings farther and farther apart each night after I go home. My feet think so, anyway.

My final plea for questions usually elicits one of two responses. On some days, the group stands mute, one large, collective blank expression: no smiles, no "thank-you's," no nuttin'. At times like these, my first impulse is to return the blank stare until *somebody* asks a question or leaves, whichever comes first. But, I can't very well do that, can I? I politely thank them for visiting, letting them know how much we appreciate the time they've spent with us. On other days, however, I may have a particularly animated group. These are the jewels which make all this worth it for me. Their questions are intelligent, and I hope my answers do them justice. These are the people who will take our message back home, knowing that this is a hospital for people. It is operated by people. We're not all indifferent bureaucrats, mad scientists, bored clerks and Nurse Ratchetts. These are some public assumptions we are trying so hard to change.

This is one time when I think it's safe to assume that it matters. ■

Rob Sterk, pictured below, is assistant coordinator of Volunteer Services and assistant information officer at Austin State Hospital. The hospital's Information Office welcomes tour requests. Tour information and arrangements are available at (512) 452-0381, ext. 265, 8 to 5 weekdays. Photos by Sarah Bird. Shoes and feet by Helen Koinm.

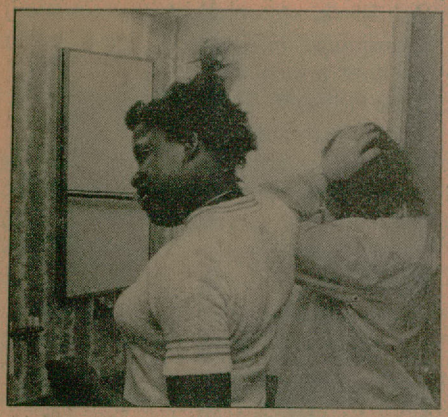




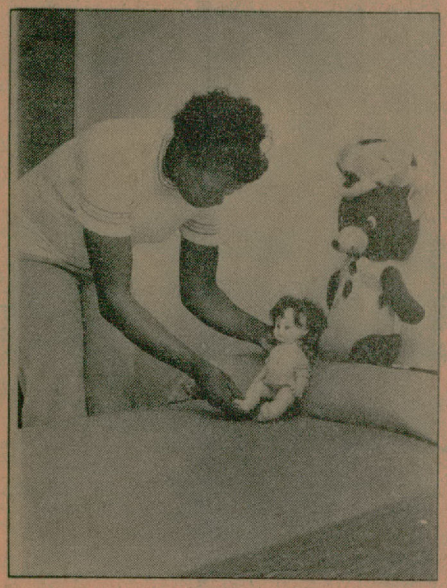
Claudia's Day

Every day at Travis State School starts early for Claudia Cunningham---6 a.m. And this day is no exception even though there is something else different. Claudia has agreed to let a writer/photographer share it with her, every waking hour of it.

By 6:30 the 22-year-old Houstonian is up and dressed, as usual, has cleaned her room and is ready for breakfast in the dining room of her cottage.



6:45 Claudia and her suite mate, Shirley Wiedebush, spruce up for the day ahead. The bathroom joins the bedrooms each woman shares with a roommate. This arrangement is typical at Travis' Cottage Unit.



7:45 After a breakfast of juice, eggs and toast, Claudia gives some special attention to her stuffed friends before she leaves them for the day.

8:30 At 8:00 each workday Claudia checks in with Minnie Nelson who spends the morning training her to do housekeeping tasks.

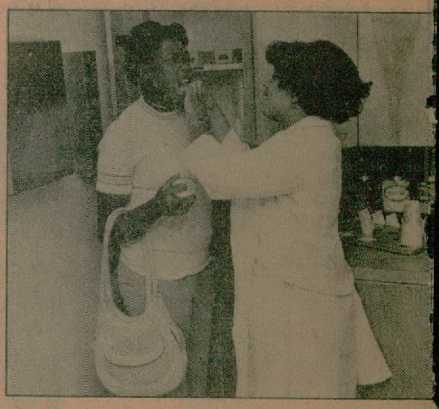
"Here," Minnie says, taking the broom from Claudia for a demonstration, "if you'll sweep in the direction the wind is blowing, your dirt won't keep blowing back on the sidewalk."

10:15 After a couple of hours of light mopping, sponging and sweeping, it's break time. On her way to the canteen Claudia meets her roommate, Ruby Dodson, who is training to be a food service worker. Ruby teases her "roomie" about one of her boyfriends and Claudia erupts in giggles.

10:25 "Oh, it's my teacher!" Claudia squeals as she hugs her former instructor, Mary Scales.

10:30 "How do you make those?" Claudia asks Guadalupe Flores, custodian, who is using her break time to create plant hangers.

After their break Claudia and Minnie return to housekeeping training, and the next hour is spent emptying ashtrays and trash, damp and dust mopping, wiping windowsills, cleaning windows "and generally doing whatever needs to be done," says Minnie.



11:50 On her way to lunch Claudia makes a detour into Miki Leonard's office to let the nurse examine a sore tooth.

1:15 With Mother's Day only three days away, counting class is replaced by a card-making session. Since her own mother is dead, Claudia meticulously copies "Happy Mother's Day" onto the card and decides to give it to her instructor, Minnie.

Adult Basic Education forms the core of Claudia's day. Started at Travis State School in 1975, the program teaches residents basic skills like how to ride a bus, eat in a restaurant, count and tell time. Learning work skills from Minnie takes up half of Claudia's day. During the second half, she attends classes.

2:00 "Today we're going to make grilled cheese sandwiches," teacher Ernestine Hill announces at the beginning of the day's cooking class. "Claudia, you go ahead and get out what we'll need to make the sandwiches."

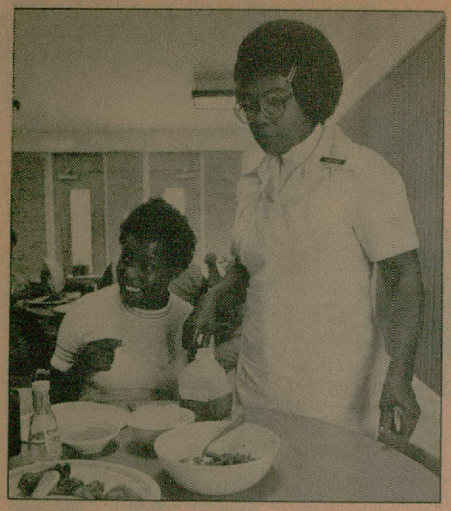
2:20 "They burnt," Claudia laughs. The other three class members join in both the laughter and the eating of the slightly charred sandwiches.

2:50 Claudia and two cottage mates cross Travis' pastoral grounds on their way to Claudia's favorite activity---choir practice.

3:15 Flanked by Timmy Costello and Audrey Priesmeyer, Claudia joins in on "This Little Light of Mine." Music therapist Bruce Saperston takes requests and the group chooses, "Praise for the Morning." "Let's do 'If I Had a Hamburger' " comes another request which convulses everyone in laughter.

4:30 Back at the cottage again, roommate Ruby Dodson is excited about a birthday card she has just received from her family in Lubbock.

4:45 Ruby and Claudia take turns with the daily room cleaning chores. Each morning and each evening they move all the furniture and vacuum. Even the closets are emptied and given a thorough going over. "It keeps the bugs down," explains Claudia.



5:10 "You are a low-cal girl!" staff member Grace Allen reminds Claudia. In her left hand she's holding the sugar packets Claudia had collected from residents at other tables who aren't on restricted diets.

6:30 Time for BCPs. The Behavioral Characteristics Progression is a set of 2,100 functional skills that measure the progress of all the cottage residents. "How many minutes is it after six now?" asks Charlotte Toliver in a time-telling exercise.

7:00 "What color is that going to be there?" asks Gary Waldrop, Claudia's boyfriend of six weeks. Claudia is working on a delicately-stitched embroidery piece. Gary and Claudia like the evening hours after dinner when they sit on the patio behind the cottage and talk with Ruby and her boyfriend, Robert Close, and visit with other residents until it is time to come in.

8:00 Claudia is justifiably proud of the medal she won for running at the Special Olympics.

8:30 Clothes for the next day are always carefully laid out the night before. After a bath, Claudia listens to music on a borrowed record player. Soul music is her favorite.

9:00 Ready for bed, Claudia takes a snack with her out to communal area to watch a television program. By 10:00 that night Claudia is in bed at the end of another busy day at Travis State School. ■

Story and photos by Sarah Bird.

Is Prevention The Missing Piece?

By Rolando Garza

Calling for a "bold new approach" to mental health services in this country in 1962, President John F. Kennedy visualized community-based mental health centers that would provide comprehensive services to residents. This dream, enacted into law as the Community Mental Health Centers Act in 1963, required newly-formed community mental health centers to provide five essential services (expanded to 12 in 1975 by P.L.94-63): inpatient, outpatient, day hospitalization, emergency services and consultation and education (C&E).

Common to the first four components is the provision of clinical services. C&E, however, is directed toward both the prevention of mental illness and the promotion of mental health. Though inhibited in development by various complex social and organizational factors, C&E programming rapidly is emerging as an integral activity of community mental health centers, including the Austin-Travis County MHMR Center. The center has two C&E units, one for the eastern half of Travis County and one for the western half of the county.

The C&E Unit for the eastern catchment area is comprised of a project coordinator, an education consultant, a public information specialist, two caseworkers and a secretary. The services include the development of effective community mental health programs, the coordination of mental health service delivery among community agencies, the promotion of public awareness of mental health problems and available services, and assistance in the prevention and control of rape and the provision of proper treatment for rape victims. The staff works with such groups as alcoholism programs, business organizations, church/clergy groups, community service organizations, Austin Independent School District, drug abuse programs, neighborhood groups, community school system, social service agencies, youth groups and the general public.

Activities of Irmalyn Thomas and Sylvia Quinones, caseworkers for the C&E Unit, best depict the unit's diverse roles. They have been instrumental in establishing a better understanding of the unit's role in the community through programs such as these:

How to Get That Job—a series of job orientation workshops for youth seeking summer employment

Tender Roots—a series of cultural awareness presentations for children 6 to 8 years old, offering education through music, art, dance and recreational activities

Teen Fun Machine—social group of 15- to 18-year-old girls in the Austin Housing Authority residential units; designed to give them some experience in socialization and interpersonal skills development

United Girls Club—organization of 13- to 18-year-old girls in the Santa Rita Housing Unit, structured after the YWCA's Y-Teens and established to provide the members an opportunity to share experiences and learn about their community.

Central to all the unit's activities is the belief that helping professions have spent too much energy on problems, treatment and rehabilitation. Not enough time or energy has been directed at teaching people more satisfying ways of living, thereby minimizing the likelihood that serious problems will develop at all. Both caseworkers help promote healthy living patterns and human development skills. Their programs develop positive self-concepts (such as through cultural awareness); teach living skills (such as decision-making, communication, interpersonal relationships, coping, problem solving and handling stress); and assist persons in assessing their attitudes, values and behaviors.

The development of brochures on geriatric services, C&E program activities, the role of human development centers and other subjects provides the community with needed information. The staff has also written feature magazine articles on community mental health, child mental health, alcoholism and the family, alcohol abuse and alcoholism among Mexican Americans, and alcohol and drug abuse among Blacks. Ongoing activities include news releases, public service announcements and presentations to commmunity groups.

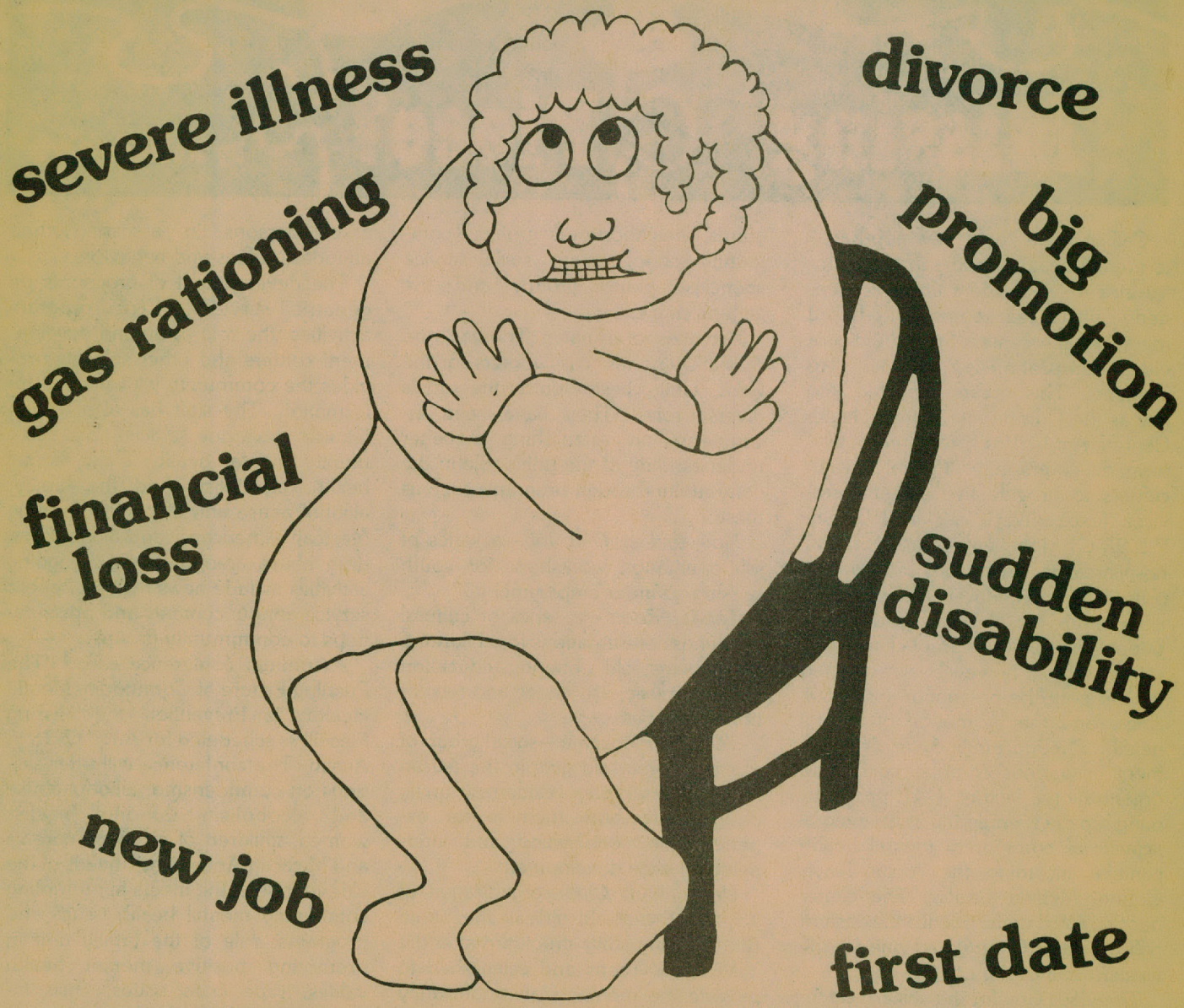
A summer conference called "The Puzzling Picture of Community Mental Health: Is Prevention the Missing Piece?" is scheduled for Aug. 17-18 in Austin. The conference will offer sessions on curanderismo, alcohol abuse and alcoholism (among Blacks, women, children of alcoholic parents and Mexican Americans), needs of the elderly, role of the media in promoting community mental health issues and programs, role of the family unit in promoting positive mental health values, rape crisis issues, crisis intervention and many others.

The blueprint for C&E programming is still being drawn. With an increasing emphasis on the promotion of positive mental health and the prevention of mental illness comes an exciting opportunity to use the C&E mandate to help people acquire healthier self-concepts, sensible attitudes and effective living skills.

In the case of the C&E Unit of the Austin-Travis County MHMR Center the process is in motion. Time remains the only limiting factor. ■

Rolando Garza is a public information specialist with the Consultation and Education Unit for the Austin-Travis County MHMR Center.

STRESS



■ **A 19-year-old girl learns her boyfriend has been killed in an auto accident.**

■ **A businessman loses an important business deal to his competitor.**

■ **An athlete receives a first-place award for his efforts in a track event.**

■ **A 15-year-old boy approaches a girl to ask her out for the first time.**

What do all of these people and situations have in common? *Stress.* This may surprise you, because the last two situations both involve happy events. The fact is that it doesn't matter whether the situation is pleasant or unpleasant, according to Hans Selye, M.D. What counts is the intensity of the demand it places on you to readjust. Dr. Selye, a Montreal, Canada, physician and author of several books on stress, calls these incidents "stressors."

He states that the physical reaction of the body to stress is basically the same, regardless of the stressor. Furthermore, he feels that the only complete freedom from stress is death. Humans thrive on stress because it makes life more interesting.

No matter what you are doing, you are under some amount of stress. Even while you sleep, your body must continue to function and react to the stress imposed by dreaming. Stress comes from two basic forces—the stress of physical activity and the stress of mental/emotional activity. It is interesting to note that stress from emotional frustration is more likely to produce disease, such as ulcers, than stress from physical work or exercise. In fact, physical exercise can relax you and help you deal with mental stress.

Stress or Distress

Then would it be true to assume there is no such thing as bad stress? Dr. Selye feels that there is a type of stress that can be harmful. He calls it *distress*. Distress is continual stress that causes you constantly to readjust or adapt. For example, having a job you do not like can be constantly frustrating, and frustration is "bad" stress. If this distress lasts long enough, it can result in fatigue, exhaustion and even physical or mental breakdown. The best way to avoid it is to choose an environment that allows you to do the activities you enjoy, that are meaningful to you. Your friends, your work and even your mate can be sources of challenging good stress or harmful distress.

Dr. Selye also believes that the absence of work is not necessarily a way to avoid stress. An example of this is the retired person who has nothing to do. Boredom then becomes an enemy capable of causing tremendous distress. Work is actually good for you as long as you can achieve something by doing it. It will only wear you out if it becomes frustrating because of failure or a lack of purpose.

To avoid distress, you should seek work or tasks that:

1. You are capable of doing.
2. You really enjoy.
3. Other people appreciate.

Body Reactions to Stress

Regardless of the source of stress, states Dr. Selye, your body has a three-stage reaction to it:

Stage 1—Alarm
Stage 2—Resistance
Stage 3—Exhaustion.

In the *alarm stage* your body recognizes the stressor and prepares for fight or flight. This is done by a release of hormones from the endocrine glands. These hormones will cause an increase in heartbeat and respiration, elevation in blood sugar level, increase in perspiration, dilated pupils and slowed digestion. You will then choose whether to use this burst of energy to fight or flee.

In the *resistance stage* your body repairs any damage caused from the stress. If, however, the stressor does not go away, the body cannot repair the damage and must remain alert.

This plunges you into the third stage—*exhaustion*. If this state continues long enough, you may develop one of the "diseases of stress," such as migraine headaches, heart irregularity or even mental illness. Continued exposure to stress during the exhaustion stage causes the body to run out of energy and may even stop bodily functions.

Since you cannot build a life completely free from stress or even distress, it is important that you develop some ways of dealing with stress.

Getting a Handle on Stress and Distress

Recognizing that stress has a lifelong influence on you, what can you do about handling it? Doctors have come up with a few suggestions on how to live with stress.

1. *Work off stress.* If you are angry or upset, try to blow off steam physically by activities such as running, playing tennis or gardening. Even taking a walk can help. Physical activity allows you a "fight" outlet for mental stress.

2. *Talk out your worries.* It helps to share worries with someone you trust and respect. This may be a friend, family member, clergyman, teacher or counselor. Sometimes another person can help you see a new side to your problem and, thus, a new solution. If you find yourself becoming preoccupied with emotional problems, it might be wise to seek a professional listener, like a guidance counselor or psychologist. This is not admitting defeat. It is admitting you are an intelligent human being who knows when to ask for assistance.

3. *Learn to accept what you cannot change.* If the problem is beyond your control at this time, try your best to accept it until you can change it. It beats spinning your wheels, and getting nowhere.

4. *Avoid self-medication.* Although there are many chemicals, including alcohol, that can mask stress symptoms, they do not help you adjust to the stress itself. Many are habit-forming, so the decision to use them should belong to your doctor. It is a form of flight reaction that can cause more stress than it solves. The ability to handle stress comes from within you, not from the outside.

5. *Get enough sleep and rest.* Lack of sleep can lessen your ability to deal with stress by making you more irritable. Most people need at least seven to eight hours of sleep out of every 24. If stress repeatedly prevents you from sleeping, you should inform your doctor.

6. *Balance work and recreation.* "All work and no play can make Jack a nervous wreck." Schedule time for recreation to relax your mind. Although inactivity can cause boredom, a little loafing can ease stress. This should not be a constant escape, but occasionally you deserve a break.

7. *Do something for others.* Sometimes when you are distressed, you concentrate too much on yourself and your situation. When this happens, it is often wise to do something for someone else, and get your mind off of yourself. There is an extra bonus in this technique—it helps make friends.

8. *Take one thing at a time.* It is defeating to tackle all your tasks at once. Instead, set some aside and work on the most urgent.

9. *Give in once in awhile.* If you find the source of your stress is other people, try giving in instead of fighting and always insisting you are right. You may find that others will begin to give in too.

10. *Make yourself available.* When you are bored and feel left out, go where the action is. Sitting alone will just make you more frustrated. Instead of withdrawing and feeling sorry for yourself, get involved. Is there a play or musical coming up? Chances are they will need help backstage. Get yourself back there and somebody will probably hand you a hammer or paint brush.

Recognizing stress as an ongoing part of life may well be the first step in dealing with it. Turn stress into a positive force and let it make life more interesting. ■

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Illustration by Helen Koinm.

A New Badge In Town

GALVESTON---A call to the local police department one afternoon alerted the officers that a teenage boy, apparently under the influence of LSD or some other drug, was threatening people on the beach.

Because of a cooperative program between the Galveston County Sheriff's Department and the Gulf Coast Regional MHMR Center, this call was answered by a mental health deputy who recognized not a drug-crazed teenager but a frightened and lost youngster affected by Down's syndrome. The boy was returned to his family.

Society's problems often end up in jail. But people who display disruptive or dangerous behavior may need psychiatric treatment rather than incarceration, and experience shows intervention is more effective if it occurs before the individual has become enmeshed in the criminal justice system.

The mental health deputy program was designed to solve difficulties encountered by law enforcement officers in implementing the Texas Mental Health Code. The code requires the peace officer, once notified by a credible source that an individual is believed to be mentally ill and likely to harm self or others, to obtain a warrant from a magistrate. The individual then is taken into custody and transported to a hospital for psychiatric evaluation.

Because this procedure took line officers away from their duties for at least two hours on each occasion, they were reluctant to become involved. The answer was five deputies trained to deal with the mentally and emotionally disturbed and legally authorized to initiate commitment.

The deputies are certified as Texas peace officers and as emergency medical technicians. They also receive special training in recognition and handling of individuals who are mentally disturbed or suicidal. They think of themselves first as peace officers and second as mental health paraprofessionals with a goal of diverting disturbed individuals from the criminal process and preventing unnecessary psychiatric hospitalization. They are housed in the Sheriff's Department but wear plain clothes and drive unmarked but fully equipped police cars.

When evaluating persons brought to their attention, the mental health deputies have two options. If they decide psychiatric evaluation is not urgent, they may arrange for outpatient services, elective hospitalization or no further service. If psychiatric evaluation is indicated, they may appeal to a magistrate for a warrant to transport the patient to a hospital for emergency psychiatric admission.

In one sample of 380 investigations, the deputies opted for psychiatric evaluation in 46 percent of the cases. About half of that number were released by the examining psychiatrist, and half were hospitalized. The hospitalization generally was voluntary, local and of relatively brief duration. Few required local commitment and even fewer required commitment and a longer stay at a regional state hospital.

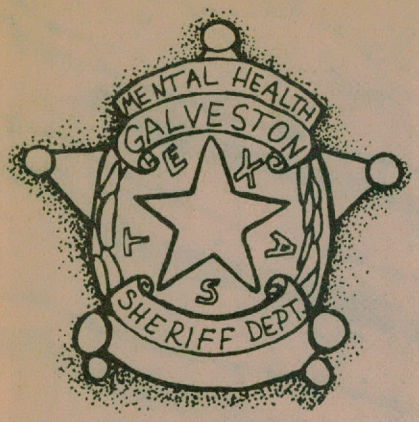
The mental health deputies work closely with ambulatory and inpatient programs at The University of Texas Medical Branch at Galveston and outpatient programs of the Gulf Coast Regional MHMR Center. Once when a deputy was called by police to a building from which a 27-year-old man was threatening to jump, the deputy recognized him as a former client of the center. He talked calmly with the man until he could edge close enough to pull him inside. The man was taken to the hospital for a psychiatric evaluation.

On the average, the deputies work 70 hours a week. They are on perennial call, answering between six and 10 calls in any 12-hour period.

More than three-quarters of the requests for assistance come from other police departments, but help is also sought by mental health and family service agencies, and the family and friends of the disturbed individual. In the past two years the division has had about 4,000 contacts, resulting in an active caseload of several hundred clients. Follow-up contacts are made on each individual referred.

Additional responsibilities of the deputies include investigating suicides (attempted or successful), intervening in domestic disturbances and handling situations involving persons who have barricaded themselves and are presumed to be mentally ill.

The most frequent cause of job-related deaths among law officers in general is intervention in domestic problems and with mentally disturbed individuals. Because the mental health deputies deal with a segment of the population in



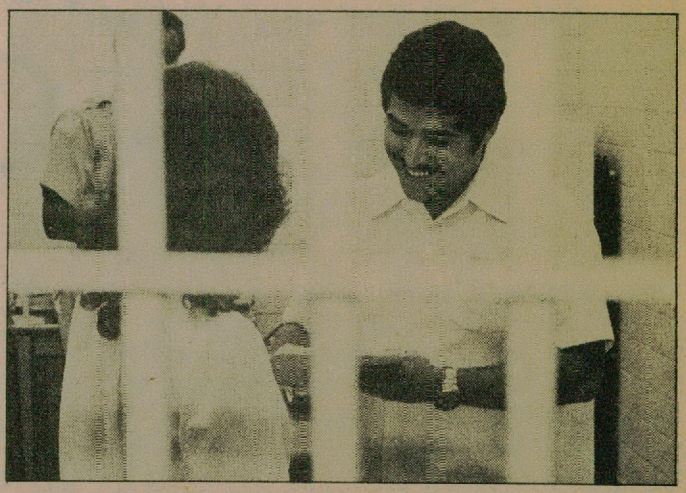
which violence is high, their job requires a judicious mixture of police and mental health skills.

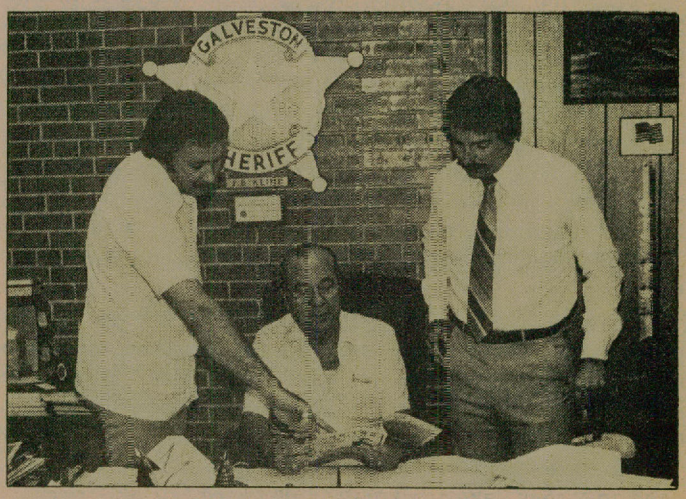
Not long ago, for example, a woman in her mid-forties began firing a revolver at random from the window of her second story apartment. When uniformed police officers arrived on the scene, she told them she would kill herself and her four-year-old daughter if they came near. The mental health deputies were summoned and began lengthy but unsuccessful negotiations. The woman broke off the talks and began firing again. The deputies then broke into the apartment under cover of tear gas and pulled the woman and her daughter from the window where she had threatened to jump. The daughter was turned over to child welfare authorities and the woman was hospitalized for psychiatric treatment.

Actions that trigger consideration of commitment are actual or threatened violence or threatened suicide; bizarre or socially offensive behavior, especially when displayed publicly; and manifestations of social and personal incompetence and impairment in self-care. Criminal charges usually arise only when an individual has been apprehended after an ineptly executed petty crime, such as shoplifting, and was subsequently identified by law enforcement officials as needing psychiatric evaluation.

Mental health emergencies grow increasingly frequent in urban areas with more transient populations. In the Galveston County area, the public has come to rely on the mental health deputies as a social service arm of the police department, because they respond immediately and have the authority to intervene in crisis situations. ■

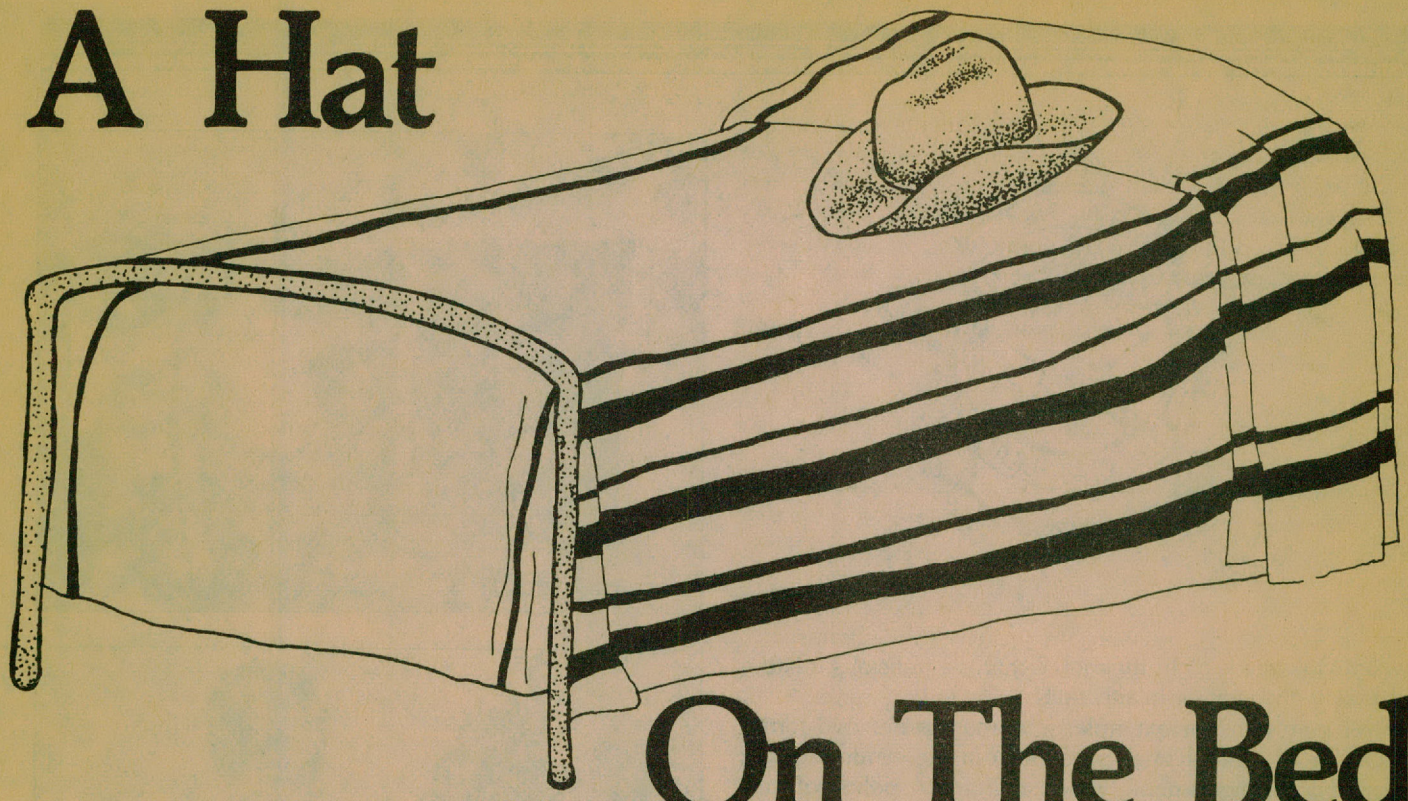
Contributing to this article were David L. Larson, M.D., assistant professor of psychiatry at The University of Texas Medical Branch at Galveston and medical director for the Gulf Coast Regional MHMR Center; Sgt. David Henry, field supervisor for the Mental Health Division of the Galveston County Sheriff's Department; and Mike Winburn, director of Community Service Centers for Gulf Coast Regional MHMR Center. Winburn, also a mental health deputy, believes this program and one in Southern California are the only ones of their kind in the country.





TOP: If the call requires him to transport a patient, Rick Marshall is ready. CENTER: When someone suspected of having emotional problems arrives at the jail, Luis Onitervos evaluates whether an emergency psychiatric admission to a local hospital is necessary. BELOW: Cooperating in the mental health deputy program are Sgt. David Henry (left), Sheriff J. B. Kline and Mike Winburn. Photos by Mike Farrar.

A Hat



On The Bed

BIG SPRING---By any usual definition the room would be called stark: Four single beds jut toward the center of the bare-floored room, their mattresses covered in plastic beneath the bedding and utilitarian whipcord bedspreads. Above them an industrial-type clock screwed into the wall watches with a single, silent eye. At the head of each bed stands a storage cubicle.

One corner of the room, however, stands out in contrast. In this corner on the wall next to the cubicle a poster proclaims, "Keep on trucking." Below the poster is a stereo. A stack of country and western albums leans against it. A black felt cowboy hat rests on the neatly-made bed. The owner of the cowboy hat is a chronic schizophrenic in the Multiple Disabilities Unit of Big Spring State Hospital (BSSH). Like the 80 other patients in the unit, he is a "treatment failure," a washout of one or several other programs. If he is an average inhabitant of this unit, he has called the state hospital home for more than six years.

A hat on the bed, a poster, a few albums may seem pathetically scarce evidence of progress, but not to those who have a long-term acquaintance with BSSH. Even the starkness is not unpleasant to those who recall past conditions.

"Ten years ago you couldn't walk on this unit without gagging," says Jake Glickman, director of Social Services. Glickman first came to the hospital in 1965. "You had to step over puddles of urine and feces and the patients lying on the floor. There were no bright colors, no glass, no plants. There certainly weren't any record players. Personal stuff was either stolen or broken.

"Instead of 80 beds in this unit, there were 150. All in rows. There was no privacy. Even things like exit signs, clocks and mirrors were unheard of 10 years ago."

The Multiple Disabilities Unit was not the only part of the hospital to undergo radical changes in the years since terms like "least restrictive alternatives" and "patient's rights" entered our vocabularies. BSSH officially opened in 1939 and reached a population peak of 1,000 more than a decade ago. On May 19 this year there were 397 patients on the grounds, with an additional 70 on furlough and 21 on unauthorized discharge.

These figures speak volumes about the dramatic redirection in mental health services from institutional to community care. Harry G. Davis, Ph.D., director of Psychological Services, has been with BSSH for 21 years. During those two-plus decades he helped the hospital shift to its new role as backup to a network of community services, and witnessed the transformations that shift wrought as the patient roster was winnowed down to only the most chronic cases.

"The biggest difference," says Dr. Davis, "is that the patients are much sicker now. They are more blatantly schizophrenic, more violent, less functional. They need much more care, more structure. They require more staff time and don't progress in therapy as well. They are generally more difficult to treat."

Plans for a security unit, an upsurge of reports of patient attacks and special classes for staff on controlling assaultive patients attest to the increase in patient violence. Part of the explanation for the new intractability of patients at BSSH is the admission criterion which requires that a person, in addition to being mentally disturbed, must either be unable to care for himself or dangerous to himself or others. There are other reasons as well.

"I'd estimate," says Dr. Davis, "that two-thirds of the hospital used to be on electroshock therapy. Now we rarely do five treatments a week. There also is considerably less medication. Fifteen years ago you could find patients on

four or five thiazines, derivatives of the same type medicine. With medication checks we've eliminated this type of polypharmacy."

A higher concentration of difficult patients accounts for this apparent contradication: As the hospital's patient population has dwindled, the staff has more than doubled.

In his early years at BSSH, Dr. Davis estimates that the hospital had 300 employees, only two of which were psychiatrists. The employee total has risen to 750, with five psychiatrists, 22 psychologists and 43 social workers.

Clearly, adjusting to the notion that, as Dr. Davis puts it, "people can't learn to be normal in an abnormal environment" has transformed BSSH. Yet, he adds, "People are still sick. They're just being sick in better, less restrictive places."

Two former BSSH residents who are being *well* in a less restrictive place are Cathy Baca, a talkative, expatriated Britisher, and Maxine Jones, a quiet Texan. The two divorcees are graduates of BSSH's innovative Work Village. When it started in 1967, the work colony, located on the hospital's periphery, was not designed with the discharge of patients in mind.

"Work Village," explains A. L. Gatewood, director of Rehabilitation Services, "was organized to take care of the person who needed some sense of independence. but who would be an institutional person the rest of his days.

"In September 1974 I took over and had to gear a program which had return to the community as its goal. Work Village is now a transitional living experience with a maximum 18-month stay."

Baca and Jones represent "what can be done," says Gatewood. The two women enjoy a friendship of rare mutuality. It started in the hospital almost five years ago, continued in the Work Village and flourishes now in the apartment they have shared for a year and a half in downtown Big Spring.

Here each relishes the peace she'd known so little of in her past life. They delight in simple pleasures like planning meals, listening to music and reading. Even their jobs are sources of satisfaction. Jones recently received a commendation award for the excellence of her work in the hospital's laundry, and Baca, who works on the Geriatric Unit as an aide, could "give many an aide a lesson in love and compassion," says Gatewood.

"I can honestly say," says vivacious Baca, "that I'm the happiest I've ever been." Jones nods silent, yet enthusiastic, assent. They spread their happiness around, too, acting not only as companions and confidantes to many of the lonely senior citizens in their apartment building, but even managing to provide daily meals for one 76-year-old neighbor. Their independent, tranquil existence would never have been possible in the "old days."

"Just a few years ago," says Glickman, "these folks would have been in and out and back in the hospital and, most

ABOVE: Cathy Baca delivers supplies to the Geriatric Unit where she is employed as an aide. ABOVE LEFT: Maxine Jones works as a presser, helping to process some of the 1.38 million pounds of laundry which pass annually through the hospital's laundry. LEFT: Maxine Jones and Cathy Baca enjoy the independent life they have established for themselves in the Big Spring community.

probably, never been productive members of society."

There is another side to BSSH's metamorphosis. It can be summed up in one word---turnover. "Turnover is much greater now," says Davis. "We might have 15 admissions a day now, whereas we might not have had 15 a month in the old days."

The unit that takes the buffeting of these continual admissions and readmissions is, naturally enough, the Admissions Unit. This unit tries to short-circuit an extended hospital stay before it ever begins. A quick return to the community is the goal of the 58-bed unit.

It used to be a far less open-ended place. Molly Butler, nursing supervisor, remembers that, when she started 12 years ago, "families expected patients, once they were admitted, to stay at the hospital for the rest of their lives."

That expectation has been shortened considerably. The average stay on the Admissions Unit is now 31 days. At the hospital overall, 49 percent stay 90 days or less---at a time. But they may be admitted many times. Only half of those who come to the Admissions Unit are new. The rest are back for anywhere from their second to their tenth time.

Now, however, each discharge is counted as a victory, even if it ends in a readmission. This is especially true in the Multiple Disabilities Unit, the special unit for treatment failures who have the least likelihood of *ever* leaving. Here, says nursing supervisor Barbara Holdampf, where the cases are the toughest, where patients must be weaned from behaviors like eating light bulbs, throwing feces and physically attacking staff, other patients and themselves, a stay outside the hospital of *any* duration is considered of remarkable benefit.

Another factor influencing the push back into the community is pure economics---it costs $53 a day to maintain someone in the hospital. Put that same someone in a halfway house and the cost shrinks considerably.

And how have the 1.3 million citizens in the BSSH service area been receiving the former and future mental patients trickling in and out of their communities?

When speaking of an area larger than most states and one which includes cities as geographically and culturally distant as El Paso and Abilene, it only can be observed that, along with BSSH, communities have changed.

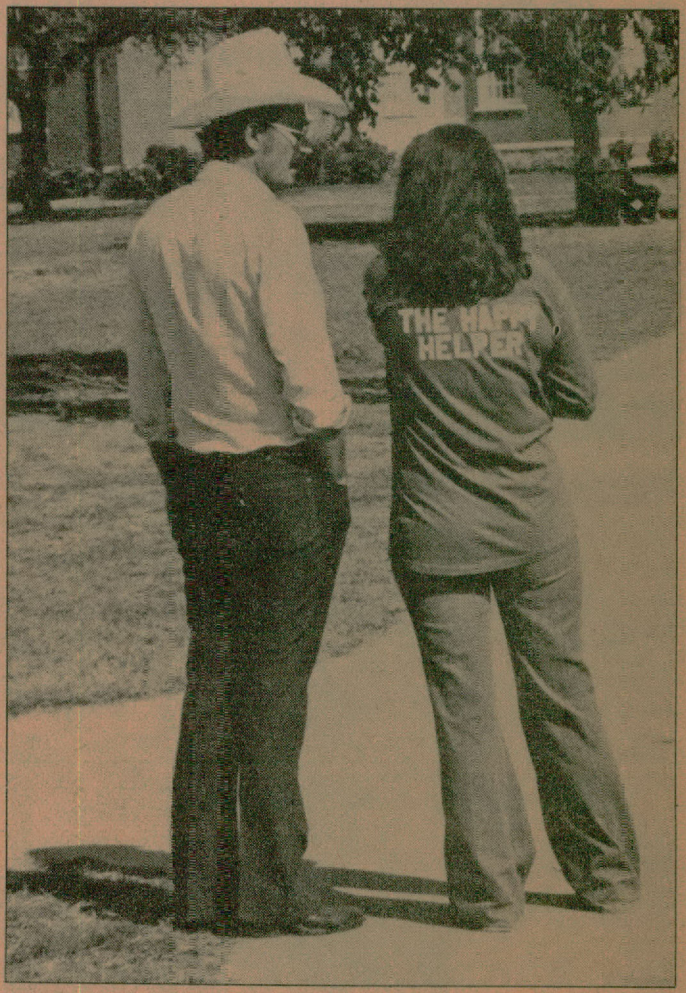
Dr. Davis recalls the old, pre-1966 days, before the advent of community centers. "We used to have to send former patients out and just hope that they could find a place to get therapy. Those with money got it privately. But they usually didn't end up here to begin with."

Rich and poor alike now have somewhere to go after release. An outpatient clinic, 10 outreach centers and a host of MHMR centers and clinics now pepper the 46 counties in the BSSH district. Glickman finds that "communities become more accepting with each clinic opening. The more people know about us, the better they like us."

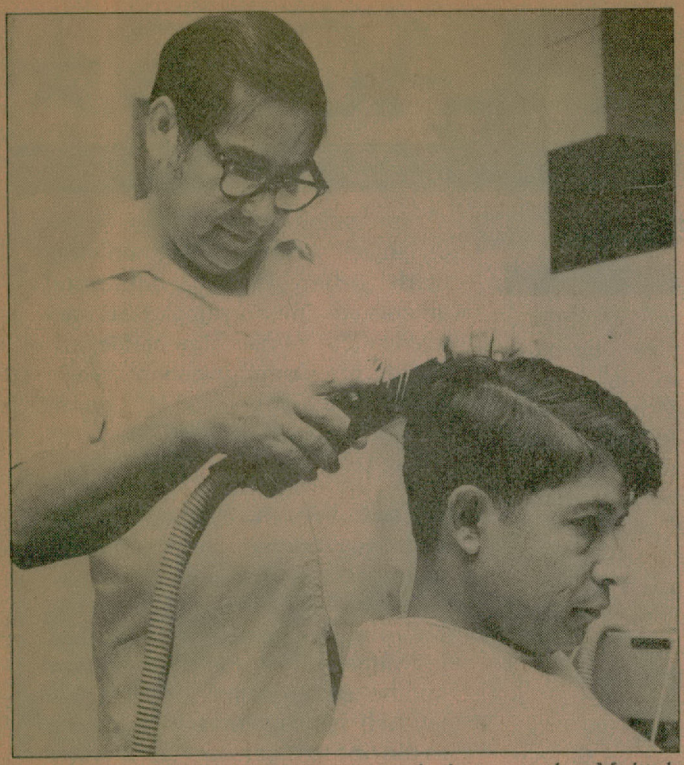
Though it may or may not ever be possible for a layperson to "like" a mental hospital, he may find it hard to do without them. California tried to close hers and found she couldn't. Most states have, like Texas at BSSH, settled for cutting their population by more than half.

Is it possible that BSSH might keep on cutting her population until, one day, she has winnowed herself out of existence? Considering the severe disabilities of many current patients, it seems more likely there will always be a need for state hospitals, for a bed somewhere to lay down the hat that rests on a troubled head. ■ *S.B.*

Eldora King, assistant manager of the kitchen, shows off the hams she is preparing for the evening meal.



Big Spring State Hospital's 502 acres offer patients and staff alike ample area for strolls.



Barber Ray Molina clips a patient's hair on the Multiple Disabilities Unit.

Mamie Slauter shows chapel secretary Nellie Spence the needlework project she is working on. Photos by Sarah Bird. Illustration by Helen Koinm.

Official State Holidays

1979

Sept. 3, Mon.	Labor Day
Oct. 8, Mon.	Columbus Day
Nov. 6, Tues.	Election Day
Nov. 11, Sun.*	Veterans' Day
Nov. 22, Thurs.	Thanksgiving Day
Dec. 25, Tues.	Christmas Day

1980

Jan. 1, Tues.	New Year's Day
Jan. 19, Sat.*	Confederate Heroes' Day
Feb. 18, Mon.	George Washington's Birthday
Mar. 2, Sun.*	Texas Independence Day
Apr. 21, Mon.	San Jacinto Day
May 26, Mon.	Memorial Day
June 19, Thurs.	Emancipation Day
July 4, Fri.	Independence Day
Aug. 27, Wed.	Lyndon B. Johnson's Birthday

*Holidays falling on Saturdays or Sundays shall not be observed by closing state offices on any other day.

In addition, state employees shall receive a day's paid vacation leave, above that normally accrued on each of the following dates: Nov. 23, 1979, Dec. 24, 1979, and Dec. 26, 1979. State offices may not close on these three dates. State offices may close on the official state holidays, however.

★PEOPLE & PLACES★

Spice of Life

Cooperative staff members and volunteer power are giving a new look to the walls at **El Paso State Center for Human Development.**

Food service worker Fernie Silva has painted giant size cartoon characters on the walls of the cafeteria. Other drawings in the foyer greet the clients as they enter to eat their meals.

The Observation Room is designed to handle those emergency situations that temporarily isolate the clients recovering from illness, accidents, seizures or possible communicable diseases. However, a short hospital stay does not have to mean sterile surroundings, thanks to community volunteers Kathy and Chason Llewelyn and creative staff members who recently teamed up to infuse the room with warmth and color.

Panels in a South Sea Island motif separate the beds, while large, bright butterflies on ceilings and walls add visual stimulation. Even though the average stay in the Observation Room is only three days, a cheerful setting contributes to a more pleasant recovery. It has been such a succesful project that additional art efforts are now in the planning stages for other locations.

Accolades

★The talents of two community MHMR center information directors have contributed to an award-winning public service program. Dick McIntosh of **Heart of Texas Region MHMR Center** in Waco and Katherine Johanns of **Central Counties MHMR Center** in Temple joined with KCEN-TV, Channel 6, to produce a half-hour program on the problems of child abuse and neglect, wife battering, and marital and family conflict in Central Texas.

Titled "Families in Crisis," the presentation first aired Dec. 29, 1978, and has been shown four times since then. On June 9 United Press International presented the station with the Wendall Mays Memorial Award for Public Service Programming. The award represents the best public service program aired during the year by all radio and television stations in the state outside the Fort Worth-Dallas area. KDFW-TV, Channel 4, won the metroplex award.

★**Lufkin State School** is the first TDMHMR facility to meet nationally recognized professional standards for speech/language pathology and audiology. The school's Department of Communication Skills was approved in June for five-year accreditation by the American Speech, Language and Hearing Association's Professional Services Board (PSB).

According to Anne Powell of PSB, 278 programs in the country currently hold PSB accreditation, including only 12 in Texas.

Wayne Nowell, director of the program, believes accreditation can give the facility an edge in recruiting and retaining top quality professionals in communication disorders. In addition, the high standards met in this peer review are mirrored in the more comprehensive accreditation processes, such as that of the Joint Commission on Accreditation of Hospitals.

Nowell will share experiences with other facility personnel interested in pursuing PSB accreditation. Write him at Department of Communication Skills, Lufkin State School, P.O. Drawer 1648, Lufkin, TX 75901.

★**Fort Worth State School** has been named the first in the country accredited under the new Standards of Service for Developmentally Disabled Individuals. The Joint Commision on the Accreditation of Hospitals (JCAH) has recognized the school as the first to meet its newly merged residential and community standards in providing services to those who are mentally retarded.

★Mark E. Huff Sr., M.D., superintendent of **Wichita Falls State Hospital,** was cited recently by both houses of the Texas Legislature and by Optimist International for his actions in averting a weekend jailbreak at the Wichita County jail earlier this year. The Optimist International's "Respect for Law Commendation" is a bronze medallion, one of only 30 ever given.

★Helen Austin, chief of the Social Service department at **San Antonio State Hospital,** has been honored for her contributions to the San Antonio community by the first annual G. J. Sutton Community Award. She won over eight competitors in the Government Service category, one of 12 award categories.

Resources

★A monograph entitled "Mutual Help Groups: A Guide for Mental Health Workers" is now available from the National Institute of Mental Health (NIMH). Single copies of the 61-page publication can be ob-

tained from Dr. Stephen E. Goldston, Coordinator for Primary Prevention Programs, NIMH, 5600 Fishers Ln., Rockville, MD 20852.

★Harris County has 3,315 physicians; 24 Texas counties have none.

In 1977 there were 29,444 cases of child abuse and/or neglect validated, 635 of them in Cameron County.

These are just two of the latest statistics on children and their families now available for each of Texas' 254 counties through the Family and Child Statistics (FACS) Information System of the Early Childhood Development Division of the Texas Department of Community Affairs. Newly updated, FACS provides information on health, education, income, services and other topics relating to young Texas children.

FACS data are particularly useful to local and regional planners, service providers, and professional and volunteer groups for planning, public education, proposal writing and advocacy. They are also effective in alerting citizens to conditions that exist in their communities.

To request a free copy of your county's profile or to learn more about Early Childhood Development Division's other free informational services, call Terry Foster toll-free at 1-800-252-9642, or in Austin call 475-6118. When writing, address inquiries to FACS, Early Childhood Development Division, Texas Department of Community Affairs, P.O. Box 13166, Austin, TX 78711.

★In "Help for Emotional and Mental Problems," a new Public Affairs Committee pamphlet, Elizabeth Ogg describes the kinds of disturbances, their symptoms, various therapies, how community mental health centers and other agencies can help. She also discusses what can be done to improve mental health care, including recommendations of the President's Commission on Mental Health. The 28-page pamphlet is available for $.50 from the nonprofit Public Affairs Committee, 381 Park Ave. S., New York, NY 10016.

The Public Affairs Pamphlet series, now in its 44th year, includes many titles on mental and physical health, family relationships and social issues. All pamphlets are $.50 each; a catalog of titles and bulk rates is available on request.

★Look at the facts, then think of the children. That is the goal of a new slide-tape presentation produced by the Early Childhood Development Division of the Texas Department of Community Affairs. "Still the Darker Side of Childhood," which is based on the division's book of that title, is available for use by business, professional and volunteer groups throughout the state.

Focus of the program is on the problems that affect the lives of children and families in communities throughout Texas. Its purpose is to encourage action on behalf of children by increasing people's awareness of their plight. The show is particularly appropriate for use in conjunction with International Year of the Child activities.

Requests for the slide-tape presentation should be made to the Early Childhood Development Division, Texas Department of Community Affairs, P.O. Box 13166, Austin, TX 78711, or call toll-free 1-800-252-9642 (in Austin call 475-5833). There is no charge for its use.

★The National Center for the Prevention and Control of Rape is the focal point for federal activities related to the problem of sexual assault. In addition to conducting research and encouraging research-demonstration projects, the center develops and distributes information materials to researchers, the professional community and the general public. For more information about the center's program and for a list of available materials, write National Rape Information Clearinghouse, National Center for the Prevention and Control of Rape, Room 10C-03, Parklawn Bldg., 5600 Fishers Ln., Rockville, MD 20852 or call (301) 443-1910.

★Four 16mm films on Sudden Infant Death Syndrome (SIDS) are available on free loan. Produced by the U.S. Dept. of Health, Education and Welfare, the films are:

You Are Not Alone, 27 min., for health professionals and volunteer groups in the counseling of families affected by SIDS.

A Call for Help, 19 min., to help emergency workers and policemen to understand and help families affected by SIDS.

After Our Baby Died, 21 min., to help health professionals understand the grief of SIDS parents.

Sudden Infant Death Syndrome, 4 min., a general audience film.

To book any of these films, write to Modern Talking Pictures, 2323 New Hyde Park Rd., New Hyde Park, NY 11042.

Learning About Aging

More than 1.6 million residents of Texas are 60 years of age or over. According to U.S. Census data, more than one-third of these citizens have incomes below the poverty level. In addition, the elderly are in need of health care, proper nutrition, housing, financial security and companionship.

To meet these needs, the Huston-Tillotson College in Austin has initiated a Gerontology Training Program leading to a bachelor of arts degree in gerontology. The program will also provide training to agency personnel offering services to the elderly through courses such as the sociology, biology and psychology of aging; minority aging; and recreational programs.

For more information, write Gerontology Training Program, Huston-Tillotson College, 1820 E. 8th St., Austin, TX 78702.

Write to Know

Does TDMHMR have a rule or policy that dictates where a person must live in order to be eligible for employment at one of the facilities? In other words, is there a requirement that states an employee can live no farther than a certain number of miles from the facility?

There is no policy that requires individuals to live within a certain distance from the place of employment. However, certain jobs do require that individuals be available to respond quickly to emergency situations. This could be on-call physicians, unit directors or plant engineers who must respond to client/patient or physical plant emergencies. The flexibility and applicability of this requirement are left to the discretion of the individual facility doing the hiring. Should there be a question about this requirement, the individual should discuss the situation with facility personnel.

Where can I find job vacancies posted?

You might start with the four bulletin boards in Central Office and the personnel offices at each facility. Vacancy listings are also mailed to all community centers and minority colleges as well as a number of public employment commissions, rehabilitation commissions, state representatives and university placement offices.

My daughter is 17 years old and a high school senior. Can she work full time at Big Spring State Hospital?

TDMHMR full-time employees must be at least 18 years of age.

My mother was released from Rusk State Hospital in January. She had been there as a voluntary alcoholic patient. She needs more treatment in a hospital, but the hospital rule is that she cannot be admitted as a voluntary patient again this year. What can be done with her?

If further treatment is deemed a necessity, your county judge can issue a court order for commitment.

Who funds halfway houses?

The answer to this question depends upon how a halfway house is defined. For many years the Texas Rehabilitation Commission (TRC) paid for transitional care at the local level on a negotiated case by case basis. The agency now pays according to a set of classifications determined by the services the facility offers.

Other types of funding have developed recently. House Bill 287 now supplies state funds, administered by TRC, for long-term sheltered living for persons too severely impaired for vocational rehabilitation.

The U.S. Department of Health, Education and Welfare is the largest financer of residential facilities. Other agencies besides TRC monitor these federally funded facilities. The Texas Department of Health is one such agency.

The private sector long has been a source of funding for transitional care facilities and continues to be today.

Do you have a question about TDMHMR? Ask **Write to Know,** *c/o IMPACT, P.O. Box 12668, Austin, TX 78711.*

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