

Changes, good and bad: Judy Tucker (right) has managed group homes, like the one pictured, for many years. She says the effect of Oakland County's full management of its mental health services has been mixed, though the ultimate outcome depends upon each individual served.



Patients from page A5

according to CMH deputy director Michael O'Hair. But the problem is money. This year's CMH budget is more than \$150 million, in part because care in some cases can run more than \$50,000 per year, according to Oakland County commissioner Fran Amos, who is also chair of the CMH board. "We try to provide care to thosas who need it most, said when here if the those who need it most, said when the said when the those who have a waterford Republican. But it's difficult. And part of the difficult is screening out those

difficulty is screening out those who seek service but don't qualify."

Qualifying

Qualifying
Qualifying for mental health
services is often a matter of
degree, she said. Most people
experience depression, anxiety
and mood swings, she said. But
those who are deemed mentally
ill—thus qualifying for public
help—can't adjust.
Judy Tucker has run adult faster homes for about 30 years,
and she currently operates the
Oxford home where Mary Jean is
one of 12 residents.

"I've seen some changes in





mental health over the years," she said, including the change four years ago when Oakland switched to the "full management" system — meaning local officials, rather than state, would take responsibility for setting policy and oversee the delivery of services.

Full management

ruii management
Switching to full management
has meant some change, Tucker
said, 'some good, and some not
so good.' Whether the extent of
the changes — and whether
they've been good or bad —
depend on the individual, she
said.

depend on the individual, she said.

Like many others, Tucker is watching the debate over the likely — some say inevitable — sewitch to a CMH authority. Tucker predicts the outcome depends on the specifies concerning how any authority is organized and the safeguards incorporated to assure quality.

"I'm watching," she said.
Others, however, are insistent that any change will inevitably have winners and losers.

Linda and Edgar, for example,

insist Oakland's system is more than adequate because of the way it helped them deal with their daughter, now 31, who has been wheelchair bound since birth and "has never uttered a

been wheelchair bound since birth and "has never uttered a word."

For years the Clarkston couple cared for their daughter without help. They tube-fed her, bathed her and nurtured her as best they could. But as they got older, the job was simply too much. "We couldn't handle it," ahe said. Now, through CMH, the couple gets help from nurses and others who help with ADL, activities for daily living. "Our life has become livable since she (CMH director Sandra M. Lindsey) became director," Linda said.

Another person has had a decidedly different experience with CMH since Lindsey became director in August, 1994.

In a phone interview from Hulls Friday, Jeffrey, said he has been fighting with CMH to get help for housing and some other services for almost two years. He said his problem is extreme depression that, without help, leaves him suicidal.

"Two been on (social security) disability since 1985," he said. "But I need some housing assistance because (if not for being hospitalized) I'm basically home-

'Won't listen'

"Won't listen."

"But CMH won't listen." he said, voicing a frequent complaint. "And it's costing taxpayers money."

Jeffrey said he wouldn't have to be in Havenwyck if he had the adequate level of housing assistance. "I want to be independent," he said. "But I'm in here, where the cost is much greater."

If his story seems disjointed or implausible, there's a reason, insist Hope Cummins, president of the Michigan Chapter of the Alliance for the Mentally III (AMI), who urged Jeffrey to call The Eccentric.

People frequently have mental problems, Cummins said. But it's the responsibility of the CMH system to determine the extend of those problems and to provide help.

Broad categories define individual mental health cases

In June, 12,341 Oakland County residents received community mental health ser-vices, according to Community Mental Health records. No two recipients are the same, and services vary according to

their needs.

The term "mental illness" can be considered a wide umbrella encompassing a variety of consumers, the preferred term for the recipients of mental health services. But they are generally considered to fall into one of four general categories, according to CMH officials who provided the following information.

MAdults with mental ill-ness (8,511 of county's patients).

Who they are: People with severe and persistent mental illness, much of which is biologically based.

Problems: Schizophrenia, bipolar disorder (formerly known as manic depression) and other dysfunction that make recognizing and dealing with reality extremely diffi-

cult.

Treatment: For some, the mental illness is incurable and debilitating. Other cases can be handled with medication—such as Lithium, that affects blood chemistry.

Prognosis: Some people diagnosed as being middly mentally ill can, with proper treatment, lead normal lives, often raising families and holding demanding jobs.

EChildren with severe

EChildren with severe emotional disturbances (1,396 patients).

Who they are: Youngsters, 17 or younger, with problems such as hyperactivity, attention deficit disorder, post traumatic stress and bipolar affective disorders.

Problems: Difficulty dealing with reality, or behavioral problems leading to persistent

difficulties in school. Some have difficulty distinguishing right from wrong. In extreme cases, they can pose a serious threat to family members or

themselves.
Treatment: Psychotherapy,
medication such as Ritalia
and supportive services
designed to help families raise
their children at home.

EAdults with developmental disabilities (1,846
nationts)

Who they are: People who sustained head injuries or suf-fer mental retardation, cere-bral palsy or genetic disorders such as Down's syndrome.

such as Lown's syndrome.

Treatment: There are no cures for developmental disability. Treatment is intended to control problems and to afford the individual some degree of comfort.

Prognosis: In some cases, individuals with Down's syndrome, can hold jobs and function in society with minimal

MChildren with develop-mental disabilities (588

who they are: Youngsters, who they are: Youngsters, autism or genetic problems—such as Down's syndrome—or severely disabling medical problems.

problems: Categories include autism, spins bifide or retardation linked to medication or drugs ingested by mothers during pregnancy. One such problem is fetal alcohol syndrome.

Treatment: Some youngsters with developmental distance.

treatment: some youngs sters with developmental disabilities can function normally in society. For most, however, there is no cure. Medication and treatment are designed to mitigate problems and maximize independence.

Prognosis: Most will need support throughout their lives.





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