

# Mentally handicapped shorted, contends former county director

Thursday, June 28, 1990 O&E

(C)2A

By Ralph R. Echlin  
staff writer

Government aid to mentally ill people has lagged far behind aid to the physically handicapped because Americans don't have nearly as much sympathy for them.

That's the view of Dr. James H. Graves, who was head of Oakland County Community Mental Health Services from 1985 until a couple weeks ago. Graves now runs a private psychiatric practice in Grosse Pointe.

"A mental handicap is a handicap too, and the mentally handicapped should have all those benefits that have been extended to other kinds of handicaps," Graves said.

While government has been motivated by a collective social conscience to provide ramps, bathroom equipment, parking spaces and other aids to the physically handicapped, equal help for mentally ill persons has never materialized, Graves said.

"Mental illness is still much more mysterious than someone who lost a leg in an accident and needs rehabili-

itation. (For a long time) mental illness was assumed to be something caused by the devil or evil spirits. There's less stigma connected with physical handicaps."

GRAVES ATTRIBUTES part of the disparity to a shake-up in governmental organization that began when the Nixon administration transferred responsibility for the mentally ill to the states in the early 1970s.

"(Michigan) saw this really as an opportunity to unload, and they really did," Graves said.

Michigan officials have reduced the population of state hospitals for the mentally ill from about 17,000 in 1955 to 3,300 today and turned much responsibility over to the counties. Yet this was done before there were adequate county programs, Graves said.

"The state people were concerned with budgets. They began to really discharge people in a wholesale fashion without there being programs in place to take care of them. We have emptied out our state hospitals without creating alternate treatment programs in the communities. And that's a crime as far as I'm concerned."

In fact, state records show that 60 percent of those who check into state mental hospitals have been there before.

Graves mentioned Gov. James Blanchard's inclination to cut the

budget for state hospitals and payouts to counties' community mental health services.

"I don't think (the state's) system of priorities makes much sense," Graves said. "If they're going to continue to espouse community level care, then they damn well have to fund it."

MUCH OF THE blame can be laid at Blanchard's feet, Graves concluded. "Blanchard has not really been a strong advocate of human services. Even lifelong Democrats have been very critical for the fact that he has not shown a great deal of concern. You simply can't neglect a huge hunk of our population without hurting all of us."

A 1988 study by the Public Citizen Health Research Group and the National Alliance for the Mentally Ill rated Michigan 43rd among 50 states and moving backwards where services for the seriously mentally ill are concerned.

The study concluded that political considerations have dictated the Department of Mental Health's budget allocations which "looks like a pork barrel with a little something in it for everybody."

While the proposed state Department of Mental Health (fiscal 1991 budget is \$1.3 billion, a \$40 million increase over 1990, spokesman Tom DeLoach said inflation and federal obligations make for an actual decrease in spending power.



Dr. James Graves, who now runs a private practice, contends that taxpayers don't have enough sympathy for the mentally handicapped.

"We need a \$50 million increase just to maintain our current level of services," DeLoach said.

Consequently, the state's 90-percent share of community mental health budgets is expected to decrease 24 percent in real dollars for fiscal 1991. With inflation taken into account, counties will be forced to either cut services or replace the lost state dollars with county dollars.

OAKLAND COUNTY CMH Board Chairperson Aleck Capsalls said in the 1989 annual report that state funding has been in decline for some time.

"Our administration is working hard to offset the deficit by freezing vacant positions," he wrote, "cap-

ping controllable expenditures and maximizing third-party revenues, but obviously there is a limit to what CMH can absorb in funding cuts without closing programs and drastically reducing services."

Oakland County CMH Administrative Assistant Pete Bickelmann said 13 positions have been eliminated since the freeze plan began. Those lost jobs, he added, have led to further decline in services.

"Most (of the 13) are direct care line clinical staff," Bickelmann said. "That's really where the cheese becomes binding. The waiting lists at our south Oakland clinics have shot up. The staff that are still here are more stressed out."

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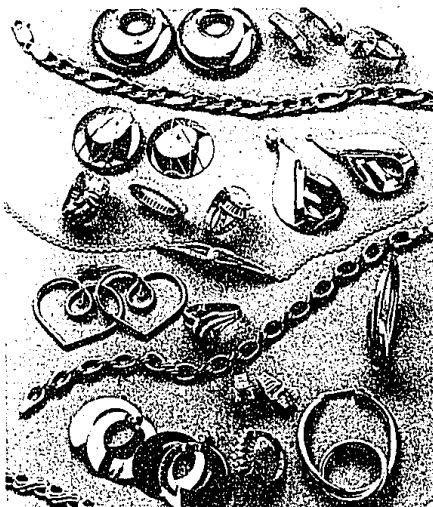
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