Reaction of a Frustrated Citizen

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ABSTRACT: Participation on a board of a Comprehensive Community Mental Health Center is a frustrating, saddening, but occasionally positive experience. The positives can continue to outweigh the negatives only if the partnership between staff and citizen can be strengthened. Continued manipulation by either side of the partnership will in the end only destroy the goals we have worked for. With the reduction of federal commitment and the expiration of grants for most of the centers in the country we must band together to find new and creative ways to stay alive.

Community Mental Health Centers have made a real difference in the lives of ordinary citizens and in the lives of those who have served on their boards. Hopefully a renewed effort to bring staff and citizen/consumers together will bring about the new partnership without which there may be no Community in Mental Health Centers.

Nine years of representing the community as President and Treasurer of a board which went through a name change from advisory to governing has left me sad, annoyed, angry, frustrated and most of all disappointed. Perhaps my experience is unusual but unhappily from what others have told me, I doubt it. I wonder whether continued participation on a CMHC board might be grounds for the establishment of the criteria for a new diagnostic category in mental health services? An improbable thesis? Let us consider that such activity often seems fruitless, endless and a financial burden to the individual without much in the way of tangible reward.

There have been regulations, guidelines and laws concerning the community board governance issues, but the only sanctions for non-compliance and enforcement powers available to the regional offices of HEW involve withholding funds from a center—an extreme action which affects clients directly. Enforcement is difficult at best to assure that those few centers which have not been allowed exclusion from the governance requirement actually operate with a governing board. Reports of non-compliance or of bending of the power structure are often ignored or smoothed over as not really important, leaving board members who are often uncertain of their powers actually powerless. Most of the veterans of board membership with whom I have talked over the years are loathe to grab for power when they feel that they will adversely affect even one client in the struggle—a view with which I agree.

Clearly some of my personal frustrations are based on my original idealism regarding the Community Mental Health movement and the notions that I shared that Centers could make a difference in communities. Conflicting societal trends may well be determinants in the future of the whole of the Centers movement, but in my view have little or nothing to do with con-

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continued participation of average citizens who represent their community and who share a vision of shaping a more humane society with the help of the trained mental health professionals. The most important decisions to be reached today are those of values and goals. Is community participation important to the health of our clients? Is the Community Mental Health Center important for our communities? If so then we must join together, pooling the resources of our combined skills, talents and understanding of the communities in which we live and work, to become shapers of those societal trends instead of retrenching to lick our wounds while insisting nobody cares.

BOARD BUILDING

Bearing in mind the federal requirements regarding demographic distribution of board members and the constraints of providers and non-providers, the search for potential board members becomes a balancing act. There are, as I mentioned, few tangible rewards to be found. As citizens of the community which the center serves they are expected to bring their personal knowledge of the community, dedication to the cause of community mental health, and a willingness to publicly proclaim their involvement. Often they find that their neighbors know little or nothing about the center and are suspicious of anyone who is involved with crazies.

As a board member or leader of a CMHC board I am more often than not presented with half-truth, manipulation and obfuscation. I am told that the regulations require or alternatively preclude an action. I am told that prediction of outcome (financially or programatically) of a new program is not practical or possible. If I become frustrated or angry at the lack of trust and honesty of the staff I am either patted on the head, therapized or told that I do not understand the appropriate functioning of a board. In addition, if I were a recent client of the center the professional staff, including the Executive Director, would treat me differently—I would be labeled as mentally unstable, mentally ill, or at the very least fragile. The stigma of being a mental patient is not only in the eyes of the unsophisticated “others” in the community at large; the professionals who proclaim its unfairness share it.

In contrast, if I were an investing partner in a Broadway show I would have signed a Limited Partnership contract which specifically precluded my participation in the selection of the color of the scenery, the cast or the crew and eliminated my having any say in the hiring of the leading lady or the opening date. In fact I would have no rights at all save the right and obligation to buy the best seats in the house and the right to participate in a share of the profits, if any. Ah yes, I would also have one evening of free drinking and eating at the opening night party.

If I were a member of the board of a corporation I would be provided with a true picture of the status of every division and a full explanation of all the possible results of proposed “new programs,” cut backs or adjustments in the way to do business. I would not be expected to understand the fine details of work on the assembly line but my expertise at the management level would