



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

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MENTAL HEALTH SERVICES ACT (MHSA)

## Innovative Idea Form

September 2009

1. **Idea Title:** Removing Barriers to Person-Centeredness: Moving from the “Clinical Gaze” towards Social Responsibility

**Submitted by:** Andrew Phelps & Psynergy Programs

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<b>Mailing Address:</b>	Andrew Phelps: c/o SJCC 2100 Moorpark Avenue San Jose, CA 95128
	Psynergy Programs: 18225 Hale Avenue Morgan Hill, CA 95037
<b>Phone #:</b>	(408) 298-2181 ext 2563 // (408) 465-8280
<b>Email:</b>	<a href="mailto:phelps@cwnet.com">phelps@cwnet.com</a> // <a href="mailto:czubiate@psynergy.org">czubiate@psynergy.org</a>

2. **Focus Area** - Local stakeholders have selected the following focus areas as priorities for Santa Clara County. Please select the Focus Area that best fits your idea.

- Improving treatment of clients with mental illness and co-occurring conditions such as developmental disabilities or addictive disorders such as gambling, eating, etc.
- Increasing access to services
- Increasing roles of consumers and family members in service delivery
- New innovative wellness approaches

3. **Purpose of this Idea** - The State requires that ideas fit the following purposes. Please select the purpose that best fits your idea.

- Increase service access to underserved groups
- Increase quality and improved results of services (outcomes)
- Improve and promote interagency collaboration
- Increase access to services

4. **Innovative Idea** – (2 pages maximum) Describe the innovative idea, the issue it addresses and the expected outcome, i.e. how the innovative idea may create positive change.

*Context:* Michel Foucault's critique of the clinical practicum as a social relationship between persons providing services and persons receiving services is known as the "clinical gaze" description. Proper rendition of services given that understanding requires that the parties involved identify and comprehend the social role they are undertaking, recognize the behavioral responsibilities incumbent on such role and “see the person beyond his or her disease”.

*Problem:* The medicalization of the services is often confused with behavior management and social control. Consequently, the interventions that follow are often illness-centered as opposed to person-centered. The outcomes then become a measure of symptom management, cost containment and reduction of

#### 4. Innovative Idea Continued.

impact to the mental health system just to name a few. Authentic recovery requires that the person be involved their own “project for life”—an individualized formula that minimizes the impact of the clinical gaze relationship and maximizes the involvement in socially responsible activity.

*Innovation:* The idea would be to engage in multiple training and educational forums targeting individuals for change: [a] at the persons providing and receiving services and the impacted stakeholders and [b] the larger community involved in treatment and its consequences. The training would draw from existing best practices and models that are built as in Trieste, Italy a “community in collaboration.” In addition, the local mental health system has a collective history and intuition that touches this insight. For example: [a] local ethnic service organizations have historically focused on the individual and the community, [b] the Psynergy therapeutic model in development focuses their approach on the person-in-the-environment, [c] the "social accountability" model of "client/survivor" activism and its embrace of services as communicated in the August, 2001 Los Gatos "educational retreat", and [d] the client-movement has persistently brought accountability and person-centeredness to the forefront.

*Outcome:* The direct result should be that reflection on the social nature of the treatment process should promote new sensitivities and new grasp of responsibilities in such a way that services will improve. Instead of being regarded as "targets of behavior management" those receiving services will come to focus better on being persons realizing their way of being. Similarly providers will come to focus better and attain latitude in engaging the social realities limiting the effective long-term well-being of their services. Furthermore, the system managers will be able to minimize the stress of the helping procedure on the direct providers as well as on the recipients of services, giving less of a controlling cast and more of a nurturing and self-realizing cast in practice. In Trieste, for instance, wholesale application of this critique by the psychiatric community in collaboration with the general society led to a reduction in beds in the Mental Hospital over a 15-20 year period "from 1200 to 8, with no locked ward whatsoever" according to the M.H. Director (October, 2005 talk at U.C. Berkeley), as every "treatment" interaction was restructured based on the "clinical gaze" critique.

#### 5. Innovation Project Implementation (Optional) - Please provide a brief description of how your idea might be implemented.

*Methods:* Discussions and forums will be provided on an occasional basis in collaboration with various providers, "client/survivor," and other stakeholder groups. The project would utilize several proven methods for change including educational retreats, conference presentations, small and large group forums, political support networks, provider trainings as well as various print and electronic media.

Partnerships: The capacities of Psynergy, Inc. and of the Social Accountability Work Group will be applied, and funded under contract. Educational and civil institutions will also be engaged to increase community, student and faculty participation. The project would select civic and educational that are ready to participate in a larger context for social change.

Participants: Local and regional participants would join together to improve the quality of service activities and reduce the clinical gaze. The project would formalize its dialogues with educators and activists such as Nancy Scheper-Hughes (UC Berkeley), Robert Okin (UC San Francisco), Steve Segal (UC Berkeley), Gerald Gray (Santa Clara University), Mayra Cruz (De Anza College), In addition, the talents and expertise of local clients Hope Holland, Delphine Brody, Andrew Phelps, Sylvia Caras, Pattie Wall, Michael Diehl, Stephan DuBose, and Sharon Clausen. Local and regional providers would be offered various opportunities to challenge their clinical gaze issues and participate in the development of a social responsibility perspective. Lastly, stakeholders will be given the opportunity to build, modify, revise and imagine a system that heals.

Frequency: Initial planning meetings would establish a change implementation time frame to identify short and long term milestones— realized accomplishments that demonstrate accountability and social responsibility.

## 6. Additional Comments (Optional)

CMHDA Social Justice Advisory Committee <a href="http://cmhda.org/go/Committees/SocialJusticeAdvisoryCommitteeSJAC.aspx">http://cmhda.org/go/Committees/SocialJusticeAdvisoryCommitteeSJAC.aspx</a>
Trieste Model: Italian Society for Democratic Psychiatry <a href="http://tinyurl.com/yekzxay">http://tinyurl.com/yekzxay</a>
Psychiatry Inside Out: Selected Writings of Franco Basaglia by Nancy Scheper-Hughes
The Birth of the Clinic: An Archeology of Medical Perception by Michel Foucault