

May 7, 1975

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MEMBERS PRESENT: CHAIRMAN BENNETT
VICE-CHAIRMAN CHRISTENSEN
MRS. FORD
MR. MANN
MR. BARENGO
MR. MURPHY
MR. VERGIELS

MEMBERS ABSENT: MR. LOWMAN
MR. CRADDOCK (See Guest List Attached)

Chairman Bennett called the meeting to order at 3:15 p.m. for the purpose of discussing AB-761 which designates the Health Division of the Department of Human Resources as the state radiation control agency.

W. C. Horton, Bureau of Environmental Health, explained that the purpose of this amendment to NRS-459 is to more clearly define the duties of the Health Division as opposed to the State Board of Health. The Health Division does not want to take over any of the basic rights of the Board of Health, they just want more authority to cover the things they are doing daily now, such as inspections, training programs, etc. This bill is only to designate the Health Division to perform those duties.

Mr. Horton stated there is no longer an Atomic Energy Commission, it is now called the Nuclear Regulatory Commission. The agreement the State has with NRC permits the state radiation control program to license and regulate certain radio active material. Nevada was the 24th state to become an agreement state. They must send quarterly reports on licensing, etc., to the NRC for review; they are audited physically on all records maintained; and the NRC accompanies them on inspections of licensing facilities. Any time the NRC feels that the state program is not adequate to fulfill the Federal laws, they could retract the authority. They do not have control over certain Federal activities such as Nevada Test Site, Nellis Air Force Base, V.A. Hospital, etc., and are limited as to their authority.

The next bill to be discussed was ^{SB}AB-374 which enacts the Nevada Mental Health and Mental Retardation Act.

Senator Lee Walker stated this bill was the result of an interim study which was done between sessions. Even though the bill is large there is not much that is new in it and 75 to 80% is the existing law. The new things are the patients' rights section and commitment procedure. Cost to the counties has been taken out and returned to what the law has always been.

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The commitment procedure has been changed to satisfy the objections of the District Attorney in Clark County. The psychiatrists objected mainly to the provision that the Director of the Department of Human Resources could appoint someone to that department that was not trained specifically in psychiatry.

The Senate Committee tried to take care of many of the objections raised to the bill. They feel the patients' rights portion is important to preclude law suits. There were two amendments which were received late and they can possibly be presented and added by the Assembly Committee.

The Rand Study will not be available until September, but Senator Walker thinks the kind of things they will be doing in that study will not particularly relate to this bill. There is no fiscal note on the bill.

The next speaker on ^{A.B.} AB-374 was Dr. Chuck Dickson, Mental Hygiene and Mental Retardation Department. Peter Combs of the Attorney General's office accompanied Dr. Dickson.

Dr. Dickson said that this bill is the Mental Health and Mental Retardation Code for 1975. The reason it is large is because amendments have been added over the past years but there has never been reorganization of the entire bill, so they have tried to organize the total bill from the point of view of sequence in the language to up-date it.

Dr. Dickson then gave the Committee a Summary of the Proposed Legislation, a copy of which is attached hereto and made a part of these Minutes. Dr. Dickson read briefly the various items in the Summary and explained them.

Mrs. Ford asked Dr. Dickson where he had obtained the language used in describing the patients' rights. Dr. Dickson then presented a Bibliography of materials which were reviewed in the preparation of the section covering individual rights of clients. A copy of this Bibliography is also attached to these Minutes.

Doris Carpenter of the Washoe County Welfare Department and N. L. Hadley of the District Attorney's Office appeared with some objections to the bill.

Mr. Hadley stated that one of their objections to the previous bill was the fact that the county was made a guarantor for the cost of care and treatment for all people who were admitted to the hospital. This has now been deleted. However, there are still sections they feel are quite objectionable.

Section 142 which amends Chapter 435 of NRS further confuses an already confused issue, that is the responsibility between the state and counties for the mentally retarded or handicapped children. It has been judicially decided that the state is responsible for handicapped children under 432 of NRS. Also the law reads under 435 that the counties have a responsibility for mentally retarded children. There is a basic conflict between chapter 435 and 432. They feel that the provisions of 435.010 through .040 should be repealed, and the county should be relieved of the responsibility for mentally retarded children.

Mr. Hadley further discussed Section 142 and what it apparently said and asked for opinions from Dr. Dickson. Chairman Bennett asked that there be no debate.

Doris Carpenter said that they object to the provisions of Sec. 151 which relates to services, specifically medical services, which are not available within the division. Also, if the county is to be responsible for costs of services, they should determine whether parents or guardians are responsible, not a state official.

Mr. Hadley said they would be glad to come back for further testimony if they were needed or if anyone contradicted what they said.

Father Dunphy of the Franciscan Center was concerned about Page 21, Sec. 99, covering persons who become mentally ill while incarcerated. The language should state that treatment is to be provided and that the warden must provide this treatment.

Also, page 27 through 28, Sec. 132, seems designed to discourage use of the mental health treatment and facilities. If a person were not psychotic, after being threatened with sale of his property, prosecution, collection agencies, etc., he would tend to become so. Father Dunphy was also concerned about confidentiality of records of mental patients and cited cases where medical students had access to them and they were wrongfully used.

The next speaker was Dr. Don Molde, a psychiatrist from Reno, appearing for himself and numerous other doctors. He is definitely opposed to this bill. Publicity put out by Senator Walker and others would lead you to believe there is not much to the bill except protecting the patients' rights, but there is a great deal more. Many people are concerned about this bill, and it should be rewritten and revised to take care of all the objections.

Dr. Molde started with page 1 of the bill and read and discussed

the various points that concerned and puzzled him. In discussing Page 3, Sec. 18.5 which defines "mental health professional", he stated that Nevada has a board of psychological examiners which certifies psychologists so they can get a business license. People working for the state do not have to be certified. Physicians must be licensed to work in state facilities, and it is time to require the same standard for psychologists.

Dr. Molde continued to point out all the aspects of the bill with which he disagreed. Upon questioning by Mrs. Ford he agreed that he would rather not have the bill at all, that he didn't feel it should be passed, and a group should continue to study the problems and wait for the Rand Report to come out.

Mr. Christensen felt that Dr. Molde should present the Committee with a written report on all his objections and recommendations in order that they could more easily follow his arguments. Mr. Murphy also thought Dr. Molde's testimony should be in some kind of written form. Dr. Molde said he would do this by the end of the week.

Dr. Leslie H. Gould, a psychiatrist in Reno since 1954, spoke in support of the bill. For many years he has been concerned with the problems of providing mental health services in rural areas and providing available out-patient alternatives in all areas of the State. Therefore it is a source of great satisfaction to him to see Nevada placing an increasing emphasis on local treatment of patients.

Dr. Gould said the quality of the hospital work done at the Nevada Mental Health Institute continues to improve and the present staff is of the best quality ever. A copy of Dr. Gould's letter to Chairman Bennett regarding SB-374 is attached hereto.

After discussion it was decided that testimony on SB-374 would continue on Monday, May 12th at 3:00 p.m.

The meeting adjourned at 5:05 p.m.

Respectfully submitted,

Jane Dunne, Secretary

ASSEMBLY
HEARING

COMMITTEE ON HEALTH & WELFARE
Wednesday
Date May 7, 1975 Time 3:00 p.m. Room 240

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Bill or Resolution
to be considered

Subject

*Cont'd to
May 12* SB-374

Enacts the Nevada Mental Health and Mental
Retardation Law

*no
action* AB-761 -

Designates health division of department of
human resources as state radiation control
agency.

HEALTH & WELFARE COMMITTEE

Date: May 7, 1975

Check if you wish to speak

NAME	REPRESENTING	Check if you wish to speak
Claudia Ferretto	Mental Hygiene - Mental Retardation	
Chuck Dickson	Mental Hygiene - Mental Retardation	✓
Peter T Combs	Atty General	
Gene O. Bryan	Mental Hygiene - Mental Retardation	
Janet J. Haigney	Mental Hygiene - Mental Retardation	
Kiki R. Gould	Psychiatrist - Bridge Street Assoc	✓
S. D. Hasbrouck	Bureau. Environ. Health	
W. A. Hutton	Bur. Env. Health	✓
Larry Dunphy	Franciscan Center	✓
Shirley E. Carey	N.S.P.	
Walter Joplin	UNP	
Paul Fagazzotto, Ph.D.	Health Service Laboratory	✓
Harry Clemons	Mental Hygiene - Mental Retardation	
Joyce L. Richards	" " "	
Jan Qualls	division MH-MR	
Vicki Erickson	" "	
Kathie Conley	" "	
Doris Carkinter	Washoe Co Welfare Dept.	✓
N. L. Haddock	D. A. office - Washoe	✓
Don W. Wells	seel - Psychiatrist	✓
Tom Ferguson	Mental Health Institute	
David V. Edwards	Mental Retardation	
Jack Middleton	" " "	
Bill Flores	MH & MR ADV. COUNCIL	
Richard Pugh	New State Med. Assn.	
Carol Clemens	ORVIS School of NURSING	

SIERRA MENTAL HEALTH MEDICAL GROUP, INC.

Leslie H. Gould, M.D., F.A.P.A., Director

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May 7, 1975

Carson City

Incline Village

Assemblyman Marion Bennett
Chairman
Committee on Health and Welfare
Nevada State Legislature
Carson City, Nevada 89701

RE: SB-374

Dear Assemblyman Bennett:

I am writing in support of SB-374. I am well qualified to do so for I have been in the practice of psychiatry in Reno since 1954, and thus have observed and worked with Nevada mental health agencies longer than any other psychiatrist in the State. For most of those years I have been concerned with the problems of providing mental health services in rural areas and providing easily available out-patient alternatives in all areas of the State with the goal of treating patients promptly in their communities rather than committing them to the State Hospital which is so far away from most Nevada communities.

In fact I had some considerable success in innovating three community mental health centers in three sparsely populated California counties adjoining Nevada before legislation and policy made it possible to do that here.

It is, therefore, a source of great satisfaction to me to observe in Nevada the increasing emphasis on local treatment of patients. I am honored to act as the psychiatric consultant for the rural mental health clinics in the northern part of the State.

I was active on a committee composed of psychiatrists, psychologists, and social workers which assisted the Division in drafting the statutes passed by the 1973 Legislature which remodeled the administrative structure of the Division. I have been gratified to observe that these changes have been followed by progress. Some psychiatrists feared that an administrative structure which permitted other than psychiatrists to be responsible for planning and administration would result in deterioration in the quality of medical and mental health services, a degradation of the influence of the psychiatrists in treatment and policy decisions, and great difficulty in recruiting psychiatrists. Happily, none of these predictions of doom have come true.

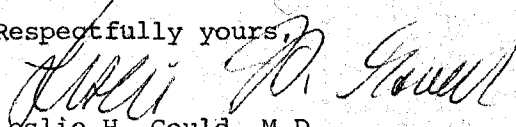
On the contrary, vacancies which have been empty for years have been filled--I believe there is now only one unfilled position for a psychiatrist within the Division. Although the administrator of the Division is indeed responsible for the over-all quality and direction of care provided the citizens of our State, this has not led to interference with medical or psychiatric decisions. Whatever their professional disciplines, administrators of the various units in the Division are increasingly accountable for carrying out State policy to provide mental health services of better quality. The quality of the hospital work done at the Nevada Mental Health Institute continues to improve partly because the Division has been successful in increasing the ratio of staff to patients as well as the quality of the clinicians in all disciplines. And because of the efforts of the staff in mental health centers throughout the State, many people are being treated as out-patients in their own communities rather than coming to the Nevada Mental Health Institute as in the past. The result has been an improvement in the quality of patient care at the Institute and a reduction in the number of patients.

During the past two years I have been a member of the Technical Advisory Board and, with other psychiatrists, have been consulted by the administrator and have spent many long evenings with him in preparation of this bill.

For many years I have been concerned to minimize the civil disabilities, inconvenience and embarrassment historically accompanying treatment in a state hospital. This bill makes it easier for patients to get treatment in the Institute promptly and without public embarrassment. It also makes it easier for them to get out of the hospital and, when implemented, can end the ancient notion that patients who go to state hospitals are "put away" indefinitely. In my own private practice I must obtain patient permission and cooperation for all procedures. Although that is sometimes difficult, it hasn't greatly interfered with the success of treatment. SB-374 will require mental health personnel in state agencies to gain this same degree of patient cooperation which we private psychiatrists have taken for granted as necessary. Other features that protect patients' civil and personal rights and increase their dignity will not only make mental health treatment more palatable to those who need it, but can be expected to result in greater self-esteem, and a sense of responsibility and the need to participate to make their treatment as effective and brief as possible. The bill emphasizes the importance of treating people in the community before difficulties become major crises that may lead to illness so severe that institutional care is required. In the long run this will lead to better care for more people at less cost.

While spelling out patients' rights (such as protecting them from labor exploitation) may introduce problems, progress in this direction is inevitable and if not made public policy by the Legislature, will some day be dictated by the courts.

I urge passage of this bill in its present form.

Respectfully yours

 Leslie H. Gould, M.D.

SUMMARY OF PROPOSED
MENTAL HEALTH - MENTAL RETARDATION
LEGISLATIVE CHANGES
SB 374

IF ENACTED, THIS LEGISLATION WOULD:

1. GUARANTEE THAT NO PERSON SERVED BY A MENTAL HEALTH OR MENTAL RETARDATION FACILITY WOULD BE DENIED HIS RIGHTS WITHOUT DUE PROCESS OF LAW.
2. GUARANTEE THAT ALL PEOPLE IN A MENTAL HEALTH OR MENTAL RETARDATION FACILITY WOULD BE TREATED AS INDIVIDUALS AND WITH DIGNITY AND RESPECT.
3. GUARANTEE THAT ALL PEOPLE IN MENTAL HEALTH OR MENTAL RETARDATION FACILITIES WOULD RECEIVE TREATMENT; NOT JUST MAINTENANCE.
4. GUARANTEE THAT ALL PERSONS SERVED BY A MENTAL HEALTH OR MENTAL RETARDATION FACILITY WOULD BE SERVED IN THE LEAST RESTRICTIVE ENVIRONMENT CONSISTENT WITH GOOD TREATMENT.
5. GUARANTEE THAT PERSONS IN A MENTAL HEALTH OR MENTAL RETARDATION FACILITY, WHO WORK FOR THE MAINTENANCE OF THAT FACILITY, WOULD RECEIVE THE GOVERNMENT REGULATED MINIMUM WAGE.

The following is a summary outline of the key points involved in the proposed mental health - mental retardation legislation, SB 374.

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PERSONAL RIGHTS

Personal rights guaranteed all mental health and mental retardation clients in an inpatient setting are the rights:

1. to medical, psychosocial, and rehabilitative care and treatment including a written plan for services;
2. to be advised of, or have one's guardian advised of, the nature and possible outcomes of treatment, and any alternative methods of treatment;
3. to refuse, or have one's guardian refuse, treatment;
4. to be informed of one's clinical status at reasonable intervals of time no longer than 3 months in length;
5. to receive the government regulated minimum wage when working for the maintenance of a mental health facility;
6. to wear their own clothing and use personal articles such as toiletries, unless these items are dangerous to them or others;
7. to have access to personal storage space;
8. to have visitors every day;
9. to have reasonable access to the telephone;
10. to keep and spend money;
11. to have access to letter-writing materials and to receive unopened correspondence;
12. to be free of mechanical restraints unless the existing conditions justify their use and restraint is prescribed by a physician.

These rights are guaranteed to all clients, whether they are placed in a facility on a voluntary, emergency, or court ordered basis.

Further, in the proposed legislation, no client could be denied the following rights without being judged mentally incompetent by a court of law:

- 1. to marry;
- 2. to dispose of property;
- 3. to make purchases;
- 4. to execute legal instruments;
- 5. to vote;
- 6. to hold a driver's license.

RIGHTS OF CLIENTS
IN ADMISSIONS AND RELEASE PROCEDURES

The proposed legislation requires that basic consideration be given to placing the prospective client in the least restrictive environment consistent with good care; that is, in the environment that allows the most freedom along with the needed care and supervision. Specific rights guaranteed by the legislation regarding admission to and release from mental health facilities are:

- 1. the right of an alleged mentally ill or mentally retarded person to be represented by counsel during court proceedings;
- 2. the right of each client upon admission to a mental health or mental retardation facility to know his civil rights, release procedures, legal process for judging mental incompetence, and the legal process for appointing a guardian;
- 3. the right of a voluntary client to be released from a mental health or mental retardation facility within the working day of his request;

4. the right of an individual admitted on an emergency basis because he is considered dangerous to himself or others, to be released within two working days unless a written petition seeking involuntary court-ordered admission has been filed with the clerk of the district court.
5. the right of an individual admitted on an emergency basis for whom involuntary court-ordered admission is being sought to be released 7 calendar days from the date on which the petition was filed unless the involuntary admission is granted.
6. the right to have a maximum time period for an involuntary court-ordered admission of six months, at the end of which the admission expires.

COMMUNITY MENTAL HEALTH CENTERS

Another area of change in the proposed legislation is designed to facilitate the development of community mental health centers in the various Nevada counties. Two changes are included in the proposed legislation:

1. streamlining methods for organizing a community mental health center; and
2. increasing the state's participation in funding from 75% to 90% of the costs.

SPECIFIC EXCERPTS FROM PROPOSED
MENTAL HEALTH - MENTAL RETARDATION LEGISLATION
SB 374

Page 1, lines 7-14; section 3, subsections 1 & 2:

The intent of the legislation is:

1. To eliminate both the forfeiture of any civil and legal rights of any person and the imposition of any legal disability on any person, based on an allegation of mental illness or mental retardation, by any method other than a separate judicial proceeding resulting in a determination of incompetency, wherein the civil and legal rights forfeited and the legal disabilities imposed are specifically stated; and
2. To charge the division with recognizing its duty to act in the best interests of its clients by placing them in the least restrictive environment.

CLIENT RIGHTS

Excerpts from Page 6, lines 15-38; Page 9, lines 9-18 and 25-30, section 50, subsections 1-7:

Each client admitted for evaluation, treatment or training to a division facility has the following rights. . .

1. To medical, psychosocial and rehabilitative care, treatment and training including prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention of any illness or disability. Such medical treatment shall be consistent with standards of medical practice in the community. . .
 - a) Prior to instituting a plan of medical treatment or carrying out any necessary surgical procedure, express and informed consent shall be obtained. . .
 - b) An informed consent requires that the person whose consent is sought be adequately informed as to:
 - 1) The nature and consequences of the procedure;
 - 2) The reasonable risks, benefits and purposes of such procedure; and
 - 3) Alternative procedures available;

2. To wear his own clothing, to keep and use his own personal possessions, including his toilet articles, unless such articles may be used to endanger his or others' lives, and to keep and be allowed to spend a reasonable sum of his own money for expenses and small purchases;
3. To have access to individual storage space for his private use;
4. To see visitors each day;
5. To have reasonable access to telephones, both to make and receive confidential calls;
6. To have ready access to letter-writing materials, including stamps, and to mail and receive unopened correspondence, . . .
7. To be free from the application of any mechanical restraint, except that the use of such restraint may be prescribed by a physician. When so prescribed, the restraint shall be removed whenever the condition justifying its use no longer exists, and any use of a mechanical restraint, together with the reasons therefor, shall be made a part of the client's treatment record;

Page 9, lines 32-35, section 51, subsection 1:

1. An individualized written plan of mental health or mental retardation services shall be developed for each client. The plan shall provide for the least restrictive treatment procedure that may reasonably be expected to benefit the client.

Page 9, lines 41-43, section 52:

A client shall be permitted to inspect his records and he shall be informed of his clinical status and progress at reasonable intervals of no longer than 3 months in a manner appropriate to his clinical condition.

Page 10, lines 10-13, section 54, subsection 2:

2. A client who performs labor which contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone shall be adequately compensated and the compensation shall be in accordance with applicable state and federal labor laws.

1. No person admitted to a public or private mental health facility pursuant to this chapter shall, by reason of such admission, be denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote and hold a driver's license, unless such person has been specifically adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity.

RIGHTS OF THE MENTALLY RETARDED

Page 37, lines 31-37, section 165, subsection 1:

1. No mentally retarded client may be detained in a division facility after reaching the age of 21 unless:
 - a) Such client makes voluntary application for services which the division is designed and equipped to provide; or
 - b) The division initiates proceedings, within 3 working days, for commitment when such procedure can be shown to be in the client's own best interest.

Page 37, lines 46-47, section 167, subsection 1:

1. Each mentally retarded person admitted to a division facility is entitled to all rights enumerated in section 50 of this act.

RIGHTS RELATED TO
ADMISSION AND RELEASE PROCEDURES

Page 14, lines 28-31, section 68, subsection 3:

3. Any person admitted to a division facility as a voluntary client shall be released immediately after the filing of a written request for release with the responsible physician or his designee within the normal working day.

Page 3, lines 35-41, section 22, subsection 2:

2. For purposes of involuntary court-ordered admission an emergency admission to a mental health facility, "mentally ill person" means any person who has demonstrated observable behavior the consequences of which presents a clear and present danger to himself or others, or presents observable behavior that he is so gravely disabled by mental illness that he is unable to maintain himself in his normal life situation without external support.

3. No person admitted to a mental health facility under subsection 1 may be detained under emergency admission for a period in excess of 7 calendar days from the date on which a petition under subsection 2 was filed with the clerk of the district court.

2. No person admitted to a mental health facility under subsection 1 (emergency admission) may be detained for a period in excess of 2 working days from the time of his admission unless within such period a written petition has been filed with the clerk of the district court to commence proceedings for an involuntary court-ordered admission of that person.

1. The allegedly mentally ill person or any relative or friend on his behalf is entitled to retain counsel to represent him in any proceeding before the district court relating to involuntary court-ordered admission, and if he fails or refuses to obtain counsel, the court shall advise him and his guardian or next of kin, if known, of such right to counsel and shall appoint counsel, who may be the public defender or his deputy.

2. An involuntary admission pursuant to paragraph (b) of subsection 1 automatically expires at the end of 6 months if not terminated previously by the medical director of the mental health facility. . .

1. No person admitted to a public or private mental health facility pursuant to this chapter shall, by reason of such admission, be denied the right to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote and hold a driver's license, unless such person has been specifically adjudicated incompetent by a court of competent jurisdiction and has not been restored to legal capacity.

Page 22, lines 27-33, section 103, subsection 1:

1. The medical director of a division mental health facility shall have all adjudicated mentally incompetent persons of that facility automatically evaluated no less than once every 6 months to determine whether or not there is sufficient cause to believe that the client remains unable to exercise rights to dispose of property, marry, execute instruments, make purchases, enter into contractual relationships, vote or hold a driver's license.

Page 23, lines 1-7, section 105:

Upon admission to any division facility, each client and the client's spouse, parents or other nearest-known adult relative shall receive a written statement outlining in simple, nontechnical language all release procedures provided by this chapter, setting out all rights accorded to clients by this chapter and chapter 433 of NRS and describing procedures provided by law for adjudication of incompetency and appointment of a guardian for the client.

DEVELOPMENT OF COMMUNITY
MENTAL HEALTH CENTERS

Page 43, lines 5-15, section 188, subsection 1:

1. . . . Moneys provided by direct legislative appropriation for purposes of reimbursement as provided by NRS 436.230 to 436.260, inclusive, shall be allotted to the governing body as follows:
 - a) The state shall pay to each county a sum equal to 90 percent of the total proposed expenditures as reflected by the plan of proposed expenditures submitted pursuant to NRS 436.250 if the county has complied with the provisions of paragraph (b).
 - b) Prior to payment under this subsection, the governing body of a county must submit evidence to the administrator that 10 percent of the total proposed expenditures have been raised and budgeted by the county for the establishment or maintenance of a county program.



STATE OF NEVADA
DIVISION OF MENTAL HYGIENE
AND MENTAL RETARDATION

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MIKE O'CALLAGHAN
Governor

CHARLES R. DICKSON, Ph.D.
Administrator
MENTAL HYGIENE AND
MENTAL RETARDATION

JACK MIDDLETON
Associate Administrator for
Mental Retardation

May 7, 1975

MEMORANDUM

To: Assemblyman Marion Bennett, Chairman
Assembly Health and Welfare Committee

From: Charles R. Dickson, Ph.D., Administrator
Division of Mental Hygiene and Mental Retardation

Subject: Client's Rights, S.B. 374, Sections 50-55

Enclosed is a bibliography of materials which were reviewed for preparation of Sections 50-55 on individual rights of clients in Division facilities.

CRD:GO:vje
enclosure

1. AARC's Study of Georgia's Criminal Justice System as it Relates to the Mentally Retarded. Norton, Pat. February, 1974.
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3. "American Bar Association to Create Commission of Legal Problems of the Mentally Ill." Whittle, Chris. American Bar Association. State Laws. NASMHPD, Washington D.C.
4. "As a Patient You have Rights." Newsweek, January 22, 1973. p. 79
5. Basic Rights of the Mentally Handicapped. Mental Health Law Project, 1973.
6. "Bill of Rights for the Mentally Retarded," Rehabilitation Interagency Focus, Vol. VI, Number 1, Jointly sponsored by the National Rehabilitation Association and the Council of State Administration of Vocational Rehabilitation and assisted by a Social and Rehabilitation Service Grant, July, 1972.
7. "A Call to Action," Withrow, Frank. Programs for the Handicapped, 73-1, National Advisory Committee on Handicapped Children, Bureau of Education for the Handicapped, United States of Education, Washington, D.C., April 16, 1973.
8. "Civil Rights of Mentally Ill and Retarded are Interpreted," InSite, Vol. 3, Number 10, Sacramento, California, December, 1972. p. 1.
9. Civil Rights of the Mentally Retarded, Working Paper #69, Rehabilitation Research and Training Center in Mental Retardation, University of Oregon, Eugene, Oregon, May, 1973.
10. Competency to Stand Trial and Mental Illness, Lab. of Community Psychiatry, Harvard Medical School, National Institute of Mental Health, Rockville, Maryland, Sept, 1966 - June, 1972.
11. Declaration of Human Rights for Mental Patients. Church of Scientology. Reno, Nevada, n.d.
12. Ethical Principles in the Conduct of Research with Human Participants. American Psychological Association. December, 1972.
13. "Federal Judge Upholds Right to Treatment, Least Restrictive Alternative in Minnesota Case," Bulletin, (74-17), National Association of Coordinators of State Programs for the Mentally Retarded, Inc., Arlington, Virginia, April 15, 1974.

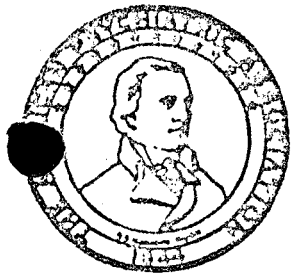
14. "Field Report: Mental Patients, aided by civil libertarians, are suing their way toward the outside world. Judges are ruling that involuntary servitude is not occupational therapy, that custodial care is not treatment, and that person involuntarily committed deserve at least the due process a common criminal gets. The upshot: some large institutions may have to open their doors and closed down," Offir, Carole Wade. Psychology Today, October, 1974.
15. Final Legislative Report, 1974; Gaver, Kenneth D., and Case, Fred M., Ohio Department of Mental Health and Mental Retardation, Ohio, June 28, 1974.
16. "Guidelines Recommended to Protect Civil Rights," Liaison, Vol. 1, No. 4, November, 1972. p. 1.
17. "High Court Backs Commitment Curb," Tolchin, Martin. New York Times, New York, May 30, 1973.
18. "High Court Backs Commitment Curb," State Laws, Vol. VI, No. 5, NASMHPD, Washington, D.C., May 30, 1973.
19. "Human Rights Institute: Recommendations," Minnesota Mental Health Mental Retardation Newsletter, Vol. 12, No. 5, Minnesota, July-August, 1972.
20. The Institutional Guide to DHEW Policy on Protection of Human Subjects, DHEW Publication No. NIH 72-102, Superintendent of Documents, Washington, D.C., December 1, 1971.
21. "Involuntary Commitment: Schmidt v. Lessard: Supreme Court of the United States," State Laws, National Association of State Mental Health Program Directors, Washington, D.C., February 28, 1974.
22. Involuntary Mental Commitment: The Denial of Patients' Rights in Nevada, The Committee on Public Health and Safety, Church of Scientology of Nevada, Las Vegas, Nevada. 1973
23. "Judge Robinson Issues Injunction Order in Peonage Suit," Bulletin, (74-1), National Association of Coordinators of State Programs for the Mentally Retarded, Inc., Arlington, Virginia, January 14, 1974.
24. "Labor Department Ordered to Enforce Pay Standards for Institutional Residents," Intelligence Report, Bulletin (73-38), National Association of Coordinators of State Programs for the Mentally Retarded, Inc., Arlington, Virginia, November 23, 1973.
25. The Lanterman-Petris-Short Act, Division 5, Part 1, Chapters 1, 2, 3, 4, Sections 5000-5401 of the Mental Health Laws, Division 4, 5, 6, 7, and 8 of the Welfare and Institutions Code and Other Related Laws, Human Relations Agency, Department of Mental Hygiene, State of California, 1970.

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In response to a Division of Mental Hygiene and Mental Retardation letter requesting clients rights materials, the American Psychiatric Association recommended "Basic Rights for the Mentally Handicapped" (#5 in the preceding bibliography) and suggested contact with the "Mental Health Law Project," Washington, D.C. for further resource materials; the pamphlet, "Securing Legal Rights of Retarded Persons" was enclosed. (A copy of the December 12, 1974, APA response is attached).



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December 12, 1974

Charles R. Dickson, Ph.D.
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Division of Mental Hygiene
& Mental Retardation

Dear Doctor Dickson,

This is in response to your letter of December 6.

We recommend that you write for a copy of a paperback book entitled "Basic Rights of the Mentally Handicapped." This publication is available from the National Association for Mental Health, 1800 North Kent Street, Arlington, Virginia 22209. The cost is \$1.25 each for orders of 20 or less, and \$1.00 each for larger orders. All orders must be accompanied by payment.

We also suggest that you contact

Mental Health Law Project
1751 N Street, N.W.
Washington, D.C. 20036

for further information on patient rights. Enclosed is a copy of a pamphlet entitled: "Securing the Legal Rights of Retarded Persons" which may be of interest to you.

We hope that this information has helped you.

Sincerely,

Henry H. Work, M.D.
Deputy Medical Director,
Professional Affairs

enclosure