EDITORIAL

THE ROLE OF CITIZENS IN THE ADMINISTRATION OF HUMAN SERVICES

The consumer of human services in this country has witnessed the emergence of community-based programs which aim toward continuity and comprehensiveness of care as well as preventative measures. In the final analysis, it is the citizen who provides the financial support for these human service programs, whether through voluntary contributions or tax support. Vast numbers of citizens contribute their time, talents, and interests in providing direct volunteer services to human beings in need of help. Many of the states which have adopted community mental health services acts provide for local mental health boards or committees with representation of nonprofessionals.

The citizen volunteer movement is the conscience of the nation. Its members are obliged to become major spokesmen to help create a climate which permits professionals to operate at maximum efficiency. The citizen volunteer groups can fight "conservative government" which makes open attacks on human service programs through basic conservatism or under the guise of "fiscal responsibility."

The shifts in function, status, and influence that have occurred over the past 80 years in the working experience and relationship of volunteers and paid staff members indicate that service agencies need to revitalize the activity of citizen volunteers, whose interest in making a positive and effective contribution to social welfare will make them sharply discriminating in choosing their social agency connections. Social reform and social action are peculiarly the job of the volunteer and the major responsibility of board membership.

There exists in a democracy a persistent safeguard against insularity, extremism and excesses by the publicly supported agencies and institutions. This is in the form of a lay board whose role is to represent the broad community interest, thus providing essential checks and balance.

Shifting populations and more participation by minority groups has created a challenge for leadership development representative of the whole community.Thus agency structure today requires careful screening, training, and placement of citizen leaders in the right job at the right time. Administrative volteers who plan policy, set standards, and, as board members, guide the social agencies are difficult to attract, particularly if composition of the boards and committees is to be truly representative.

The implementation of poverty programs has been accompanied by the politics of federalism, and their mutual impact has led to consideration of developing a "creative federalism" — new concepts of cooperation between the federal government and local communities. An essential element of the war on poverty, especially its community action component, has been the utilization and strengthening of direct federal-local ties. The states have been relegated to a minor role and have had to prove their usefulness.

The community action concept has the capacity to restructure human services in several ways: (1) local planning can account for local needs and bypass traditional agency jurisdictional lines; (2) coordination at the local level can provide broad representation of community opinion; (3) the concept of "community," as opposed to city, town, or metropolitan area, is open-ended, permitting functional crossing of boundaries. The community action program, by requiring participation of those affected by welfare programs, is a contribution to participatory democracy. This development faces two major political dilemmas, however: the question of central control and that of cleavages and conflict within the comprehensive community service movement. Contemporary federalism involves a proliferation of competitive and cooperative relationships among both governmental and private groups at various levels. The goal of creative federalism should be to coordinate and order the disparate aspects of human service programs.

VOLUNTEER SERVICE COORDINATORS — CATALYSTS IN URBAN AREAS*

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Urban areas *are* different from rural areas in ways important to us Coordinators of Volunteer Services, as professional catalysts of community resources and mental health services. The anachronistic isolation of old style state hospital or state school is disappearing, some from inundation by urban sprawl, others by creating ingenious links to catchment areas. New York State institutions and cities deal with awesome numbers, and our urban communities have been forced to face and grapple with problems which may not hit other areas for years, perhaps never in the scale we face now. We have rapid innercity rot, housing deterioration, unevenness of middle class services and the usual shenanigans which short circuit the intent of federal

aid. But we have some exciting and effective urban programs, too, and we are valiantly changing a very firmly entrenched and extensive system, involving a whole lot of people, to make real the *response* part of *our responsibilities.* I shall share with you some of our learnings, hoping you will share my faith that the human race can rise to the demands of urbanization pressures because people *do* care and *are* willing to work for betterment if they can just see *how* — and many more of those people could be volunteers!

Mental health and retardation program problems intensify with urbanization pressures. Ours in New York are magnified by a long history of traditional services and greater numbers. But people are people wherever they live, and their feelings determine what they do. Frustration and anger in the hard core areas of an innercity is a natural response to inexorable deterioration. People there are poor treatment risks unless their environment changes, too, and retardation often is perceived as apathy, truncating an already limited potential. Both forms of waste were traditionally accepted by society, but they don't have to be! There's a traditional mutual distrust between the teachers, social workers, medical staff and policemen and the less advantaged in cities. Some superimposed solutions create more problems: urban renewal, razing housing without replacing it has compounded problems and increased pressure on the few services remaining when others pull out; highrise housing creates more isolation; the welfare cuts have reinforced conviction that the haves don't care about the have-nots. Able citizens move out and are replaced by people less able and more needful. The haves remaining in the cities tend to be the unconcerned jet-set rather than the *noblesse oblige* motivated, while self-help initiators are moving to the suburbs in concentric circles of affluence. Left behind are also the least mobile, most marginally employable, and therefore the most threatened, living near and hostile to the most disadvantaged. Farther out, there is less pressure, more affluence, more services.

A worldwide phenomenon in Ireland, on campus and in cities, is the refusal of the disadvantaged to *remain* disadvantaged. De Toqueville pointed out years ago "The evils which are endured with patience as long as they are incurable seem intolerable as soon as a hope can be entertained of escaping from them." Hope is catching on that poverty can be alleviated in an affluent society, authority can be influenced to act and specifically that mentally ill and retarded as well as poor people can participate more fully in the mainsteam of life.
This challenge to us Coordinators of Volunteer Services as catalysts must influence the nature of our profession and its

work. We cannot practice in isolation, be exclusive, or possessive of our volunteers. We need the allied professionals and we also need our allied counterparts in allied community services, especially welfare programs (wait 'till the Harris Amendments take hold!), general hospitals, schools, children's agencies, cultural organizations. Where there is a Volunteer Bureau, we must educate and use it, to provide mobility and freedom of choice for all volunteers. Who hurts if we all allow lunches and carfare, or baby sitting money? We all need volunteers, too, including those who may need that help to be volunteers.

By 2000 A.D. there will be 100 million more Americans and 80% of them will live in urban areas. Community mental health and retardation services will have to be multiplied and the urban ecology will determine preventive and treatment tactics for an ever increasing proportion of the people needing the "bold new approach." People are becoming less patient with inadequate services. Professional manpower increases at arithmetic progression rates, while the demand for services moves at geometric rates. More of us will practice in increasingly urban settings where it is more difficult to enlist either public support or individual citizens for direct service. All mental health professionals must recognize that being nonpolitical is a past luxury now unrealistic. We Coordinators, motivated by our understanding of the essential human needs requiring services, must lead allied staff and our volunteers. In New York State, recent drastic cuts in our service budgets moved all too few of our 45,000 registered mental health and retardation volunteers to protest. My plea is not for partisan politics, but for more effective communication to citizens.

In urban areas where so many channels are available, we Coordinators have a professional obligation to stimulate volunteers to enlist political decision-makers as well as potential volunteers in the cause of realizing human potential. Professional leadership means to speak as well for patients as we do for ourselves, not to conform piously to tradition. As catalysts, we will help volunteers express needs they see, and professionals to pay attention. Their goal congruency is the key to effectiveness of services, not only in our own facilities but in wide health planning. Our breadth of perspective will influence future services.

In urban settings, the geographically small areas around mental health centers cannot produce all the resources needed, so we are going to have to develop ways to collaborate and pool resources, to build mobility for volunteers and faith in all kinds of people as volunteers. For instance, one of our Coordinators

persuaded senior citizen volunteers to invite patients a second day each week to their own club house — and that involves a lot of faith building!

Urban community cooperation involves not only our professional counterparts in other services such as volunteer bureaus, general hospitals, welfare, social agencies and schools, but organizations such as universities, industries and churches in their outreach efforts, especially membership groups like MHA's and ARC's. Students are natural catalysts, too — it's cool to care! — and industries are looking for ways to improve their image and help mobile employees put down roots in new communities. Action programs in the ghetto are looking for handles for their people to take hold of in efforts to improve their own communities. "Joining" is becoming a life style in the ghetto as well as in the middle class, and career exploration is an important motivating force not only for students, but for the middle aged housewife and the newly literate or retrained graduate of a manpower program.

Ironically, we find some fears and assumptions about volunteering in cities which don't help! Primarily, these surround the newly articulate consumer demands for accountability. New abrasive questions to authorities don't pull any punches. "Who gets your services?" "Are people really helped " The professional mystique is evaporating, and new manpower is demonstrating ways to get to people traditional middle class pro's were not reaching. A doctor in the tough East Bronx section of New York told me there the color of skin isn't what matters, it's whether the person is doing a good job. He called the community takeover at Lincoln Hospital a staff takeover, impatience that the job wasn't getting done. The NIMH study later verified that there was still some old wine in the new bottles, and not enough wine or bottles! Many people in these communities know what is needed, want to help, and will get their neighbors to use services they have faith in. Tailored services are *theirs,* which means intake focussed on what *can* be done, not what can't! Hours accommodate not the staff, but the people who live there. People who work long hours for low pay can't have interviews during the day, or travel very far. "Uncooperative" families often turn out to be not indifferent but paralyzed by middle class unawareness of their life situation.

So — in a problem of communication, which volunteers can do a great deal to ameliorate, ideally, these volunteers will be like the patients and their families. But volunteers imported from the suburbs can win confidence in the cities, too, if they are warm and humanly concerned with patients, and realistic about

how it is. We catalysts must communicate persuasively with both. One service in Brooklyn is carefully pairing middle class volunteers with local residents, to serve together. One knowing more about how it could be and what can be done, and the other knowing for sure how it is; both have a unique opportunity to learn from one another.

Ironically, with all we know about what volunteering does for the volunteer's self-respect, we still shy from offering opportunity to give service to the disadvantaged. Again Brooklyn showed me how wrong this is. From one of the least affluent areas, people were taken by bus to visit Kings Park State Hospital fifty miles away. It happened because a new catchment assignment led the key staff to seek area community leaders there, and were offered a guided tour of Brooklyn. In reciprocation, eighteen volunteers had to be turned away, but the bus took a full load in the other direction, each assigned to an unvisited patient to explore his ties to Brooklyn. One volunteer who had given up a day's pay to go asked how best to give her patient spending money. They say they will visit again, bus or none. Another, assigned to a man ready for release, found people who remembered him: his old Rabbi and several families offering to provide him a home. That volunteer will find it easier to visit him now that he's "home" using the community services. Most of the busload returned excited and happily planning the tour of Brooklyn for the hospital staff and their own follow up activities. The volunteers who also serve in the community saw the hospital as a service they "can recommend." All this in an urban area where you see the blight spreading every week! Transportation here, as in rural areas, proved a key to attacking people problems.

Within cities, too, volunteers link fragmented services, and volunteer services coordination involves the whole community not just our own facility. Less bound by job protocol and work load obligations, volunteers can move about freely and cut through red tape. They enjoy having meetings, comparing notes, consulting experts, planning new services. As in service assignments they influence policy development productively. Volunteers see problems as impact on people — less clinically, or administratively. They cut away encrustations of traditional procedures and test policies against today's real conditions. Like parents, we Coordinators of Volunteer Services will find that freeing volunteers to grow, to follow new interests, maybe even to leave us, will mean they may return more mature and able, and at very least will represent our service well in the community, bonding us to others.

We Coordinators can help professional power to imagine. The volunteers themselves are the richest lode for mining new ideas.

Labor unions need educating about volunteers, not only to recruit for service people unaccustomed but most valuable as volunteers, but to allay fears that volunteers mean fewer jobs. With a "we" experience, union members see that volunteers provide special humanizing and threaten no job in these days of shortages. Every job can be reinforced and made more effective with volunteer help — even more enjoyable! Our Coordinators are undertaking a real work analysis for professional and all services, identifying what volunteers can do to free the paid person to do what he alone can do and preventing workers continuing their work in overtime as volunteers. We have to communicate what we mean by volunteer jobs to the unions so they'll join us, not oppose us.

Recruitment in cities starts through the relatives and friends of patients, and proceeds on an each-one-bring-one basis unless a committee of the MHA or ARC, or a volunteer bureau gets us started and continues actively supplying volunteers. Mass media are not very productive, but do help make volunteering the "in" thing to do. The Coordinator is the catalyst who must like and respect people of all economic and educational backgrounds, and attract each to work with the other. Skill in group as well as individual leadership is essential to recognize teamwork potentials and form sound structural relationships. Nurturing leadership potential in other staff and able volunteers, the Coordinator uses grouping for general orientation and program exchange, mixing people skillfully.

Job learning happens best under direct supervision. Urban areas offer many training resources in colleges, adult education programs and community service conferences. As catalysts, Volunteer Services Coordinators develop teachers from the staff of our own services including volunteers, and we can tap libraries, schools, and commercial resources for audio-visual aids and teaching resources, enlisting the many other people working to solve the problems of the cities, and sharing our resources with them.

There is no cookbook for urban area volunteers. The Coordinator of Volunteer Services who cares more about violence to the human spirit than about law and order on the street will find plenty of ways to further the mental health movement and the development of every person to his greatest

potential as a right, not a privilege. In urban areas we may have more dramatic problems, but we also have there more tools to use and more people to help the volunteer do his own thing, in the way and in the place where he can do it best.

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