

"TEDDY":

(The Task Force for Emotionally Disturbed and Potentially Delinquent Youth)*

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Some of you may recall a 1964 news story about a grotesque murder committed in Norfolk, Virginia, by a 13-year-old boy. He was termed deeply disturbed emotionally by the professionals who observed and tested him during the hearing. Long-term psychiatric care in a residential treatment center was recommended. Eastern State Hospital could not keep him because he was not diagnosed as psychotic, so he was handled as a juvenile delinquent and sent to a State training school. No psychiatric help could be made available by the State. Five years later, in 1969, this disturbed teenager committed another brutal murder, and he is now serving a life sentence at the State Penitentiary.

The brutality of the crime may not be a typical characteristic of an emotionally disturbed youth, but the startling lack of available, appropriate resources for treatment and rehabilitation of such young people appeared so blatant when the second murder was publicized in 1969, that a group of social workers attending a professional meeting that October, decided to form a committee for the emotionally disturbed child in this State.

The Council on Correction of the National Council of Social Workers invited other Virginia organizations dealing with children to attend a meeting in December, 1969, to form a Task Force for Emotionally Disturbed and Potentially Delinquent Youth. Someone came up with the inspired acronym of TEDDY to avoid the long title while reminding people that this task force spoke for a group of children who need help.

The first meetings were typical of first meetings in any forming organization; confused and confusing.

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well-intentioned, but without a clear focus. Getting it all together wasn't easy. Representatives from the State Department of Welfare and Institutions, from the Special Education Division of the State Department of Education, the Virginia Federation of Womens' Clubs, the National Association of Social Workers, the Virginia Juvenile Officers' Association, the State Commission for Children and Youth, the Virginia Treatment Center, the Family Planning Division of the Richmond Department of Health, Senator Hirst's Study Commission, and the Junior League of Richmond met to express their viewpoints on available services and those that should be available for the emotionally disturbed child in Virginia.

I remember the body language at the first meeting I attended. Speaking of strong vibrations! Foot-tapping and finger-drumming indicated what frustrations people were feeling in attempting to solve such a multi-faceted problem. But there was also, obviously, an enormous energy of concern ready to be directed.

The dilemma was, how could this unwieldy group of representatives from assorted organizations and agencies concerned about emotionally disturbed children make the whole system of State services for children more effective? The needs multiplied in the listing—more Special Education classes, more Special Education teachers, more institutions designed to help emotionally disturbed children and their families, more trained personnel to staff these institutions, and so on. We settled down to studies and reports.

A very thorough study of the emotionally disturbed child and his needs in the State of Virginia was made by Mrs. Roslyn W. Ramsey, a member of the TEDDY committee, who is now a Psychiatric Social Work Supervisor at the Virginia Treatment

Center for Children. Her paper, *Virginia's Dilemma—The Emotionally Disturbed Child*, was published in 1971, and I would like to quote a few of the facts presented therein. "From July 1, 1969, to June 30, 1970, Eastern State [Hospital] admitted 97 children for observation. Only 20 were retained for treatment as legally insane (psychotic). Seventy-seven were returned to their homes as 'not mentally ill.'" It is the disturbed child who falls into that larger group of 77 who were sent back home without treatment who concerns TEDDY. He is TEDDY. "Forty percent of the children who were returned home had made serious threats to injure or kill themselves . . ." and 58% of those sent home had had residential treatment recommended by the hospital authorities. But Mrs. Ramsey's paper points out that the State of Virginia does not have enough facilities to treat more than a fraction of its emotionally disturbed children. To quote again, "Public welfare agencies and the State Department of Education each year pay for the placement of a handful of children in residential treatment centers. Such placements are made at great expense (sometimes over \$10,000 per year per child). Almost all of these children are sent out of state because of the lack of appropriate facilities within the state."

The TEDDY committee also learned that more than 25% of the juveniles committed to State correctional institutions each year by juvenile court judges have committed no actual offense and have broken no laws, but they are "beyond control of their parents or guardians" and the State doesn't have other adequate facilities in which to place them; so they are placed in State training schools for delinquents, which haven't the funds to provide the psychiatric treatment these young people obviously require.

The Committee spent several months gathering pertinent data and committing individuals and organizations to active membership in TEDDY. The greatest need emerged, not surprisingly, as one of funds to provide increased services for children in our State. We determined to concentrate our energies on getting the necessary appropriations from the 1972 General Assembly, and our chaotic concerns focused on informing the general public of the needs of emotionally disturbed children in Virginia. We aimed to stimulate citizens to influence their legislators to provide for our disturbed youth.

As a task force we developed two major goals:

1. To ensure the establishment of one or more State-operated, regionally located *residential treatment centers*, within existing build-

ings, which could be staffed and equipped to serve emotionally disturbed children and youth, as well as their families, for a long period of time to enable them to function more adequately in their home communities and schools.

2. To expedite the funding and development of Comprehensive Community Mental Health Centers for both adults and children throughout the State of Virginia, in various strategic and accessible localities.

Included in our direction toward these two goals was the need for Special Education classes within the centers. There were no experienced politicians or lobbyists in our group, but, with ultimate faith in the democratic system, we settled into tackling the weedy reality of a grass roots movement. First, we broke up into three subcommittees: Information-gathering, Fund-raising, and Communications. The first subcommittee, in its research process, sent a letter-questionnaire to this state's 318 registered psychiatrists with a two-fold purpose in mind. To get some statistics concerning emotionally disturbed children who are treated by psychiatrists in Virginia, and to find out how practicing psychiatrists feel about the need for additional resources for these children. Seventy-eight responses were received. The overwhelming majority of these felt that additional residential treatment centers and out-patient services are needed for children in Virginia. A couple of typical direct quotations from the questionnaire support the goals of TEDDY. "The need is very great. I would make my services available to many, many more children if I could find beds for them" and "In my experience, residential treatment facilities or even day-care centers and special schools are practically nonexistent in the State of Virginia, either private or public." We felt encouraged that these busy professionals had taken the time to make comments of their own.

The Fund-raising committee went through all the painful process of writing letters and making calls to solicit financial help for postage and printing and taping, and they emerged from their campaign with all bills paid and a small balance on hand.

The Communications committee produced speakers for several interested groups, wrote letters to volunteer and professional organizations, and kept in close communication with Senator Hirst's Study Commission on Mentally Ill, Indigent, and Geriatric Patients, addressing the Commission at its Public Hearing and contributing information to its Study through a mutual representative, Mrs. Margaretta Miller, Psychiatric Social Work Con-

sultant. In its early stages, the Communications committee members wrote 30-second and 60-second radio spots to be broadcast on public service time. Mr. John Tansey, Executive Director of WRVA Radio gave us valuable time and advice, and, after listening to our radio spots, very kindly offered to have some of his professional writers redo them and tape them for distribution to stations all over the State. The results were dramatic.

The 1972 Legislature has met and adjourned now, and so have the three working subcommittees of project TEDDY. What did this task force accomplish, and what happens next? It is difficult to pinpoint whether or not TEDDY has been directly responsible for all of the new movements on behalf of emotionally disturbed children, but we certainly feel that we are part of a progressive trend.

The League of Women Voters of Richmond focused its annual meeting this spring on the needs of the disturbed child and is now actively studying the problem. The Junior League of Richmond invited TEDDY to put on an educational panel discussion for its December meeting, and it is now involved in the special education needs of the exceptional child. The Junior League of Norfolk also asked TEDDY to give an educational program, and several Junior Leagues in the State contributed money to TEDDY or distributed radio tapes. An established institution, DeJarnette Hospital, is being converted into a residential hospital for emotionally disturbed youths. An omnibus bill was passed to make special education mandatory in all localities in the State. Tuition grants have been raised to help send some children to private institutions for care. There are still responses coming into TEDDY because of the radio tapes. We feel that substantially more citizens have been made aware of the needs of our disturbed youth.

For the future, members of TEDDY are meeting to consider how we may most effectively continue to work toward our goals by joining efforts with some other established group or groups heading in the same direction. There are several possibilities to be explored. Doctor Heuchert, Assistant Professor of Education, Special Education Department at the University of Virginia is setting up a Council on Children with Behavior Disorders in Virginia. A group such as the League of Women Voters may present another avenue for progress. We are going to study the possibility of working

with Chapter 10 to encourage the establishment of more Comprehensive Community Mental Health Centers, and to make sure that these centers include services to children. We are disappointed that funds were *not* appropriated by the 1972 Legislature to hire more psychologists for State training schools for delinquents, and we foresee that we will have more work to do as the next session of the General Assembly approaches. Plans for a fall forum are now in the making. We would like to see the State of Virginia follow the example of North Carolina which held a forum on the emotionally disturbed child in 1969. The Governor and Lt. Governor of North Carolina participated in the Forum, as did nationally known professional people working in the area of child welfare. The nine Junior Leagues of North Carolina cooperated to co-sponsor this forum with The Honorable Robert W. Scott, Governor of North Carolina, the North Carolina Council of Child Psychiatry, the North Carolina Mental Health Association, and the Governor's Council on Juvenile Delinquency. Over 1,400 people attended this forum in Raleigh.

Recommendations from the forum may give us a guideline for future projects. They included:

1. The establishment of a special legislative study commission to study in depth the situation of the emotionally disturbed child in North Carolina.
2. A certificate renewal course on children's emotional health for local teachers.
3. Formation of a speakers bureau on the topic of children's emotional health.
4. Establishment of a local crisis control answering service for people needing help with a disturbed child.
5. Establishment of regional treatment and training centers.
6. Appointment by the State Department of Mental Health of a high-level person in charge of children's services.
7. Psychological testing of children before they enter school.
8. Special symposiums to train district judges who hear children's cases.

Each of these recommendations has been made a working reality to some extent in North Carolina. I hope that we can do as much for the growing young citizens of the State of Virginia.