SPEAKER NOTES

What Families Need to Know About Treatment of Mental Illness

Summarized by Thomas T. Thomas

Dr. Robert Dolgoff is Medical Director for Mental Health Services at Alta Bates Sutter Medical Center (aka Herrick Psychiatric Department) in Berkeley. He is a highly respected and experienced psychiatrist in the local mental health community. As part of an ongoing educational video series produced at Herrick, President of NAMI East Bay Liz Rebensdorf sat down with Dr. Dolgoff to talk about mental illness and its treatment and to answer family concerns raised in support groups and Family to Family classes.[1]

A SCENE FROM HERRICK PSYCHIATRIC DEPARTMENT'S VIDEO

Dr. Dolgoff began by settling a family's worst fears at the first break: "It's a myth that people with mental illness are not going to get better. They do get better, but only with the help of a treatment team and social contact." To provide that contact, the family must get past the patient's anger and estrangement and work around the confidentiality issues that arise if the patient does not give permission for the psychiatrist to discuss the case with family members.

"Patients are often angry," he said, "because it was usually the parent who called the authorities in the first place. They also are angry because they are ill, their lives have changed, and they feel the shame and stigma associated with mental illness."

Families are eager to know the diagnosis (cause of illness) and the prognosis (likely outcome), but these evaluations take time. "There are no laboratory tests for mental illness," Dr. Dolgoff said. "The diagnosis is based on observation of behavior." He rejected the notion of diagnosis by the efficacy of the prescribed medication: "It's not that useful."

[1] The video is available on line in two parts: Part 1 at http://www.vimeo.com/24872668; and Part 2 at http://www.vimeo.com/25299285. Thanks to Cynthia Kane-Hyman, producer, and Barry Swank, cinematographer, for their work on the video.

Rebensdorf and Dolgoff discussed the major types of serious mental illness:

- **Schizophrenia,** which is characterized by strong psychotic episodes at the beginning but can be stabilized with medication and psychotherapy. "Some patients do well and, with their illness controlled, can become 'close to normal.' "
- **Bipolar disorder,** in which the patient has normal periods between episodes of illness. Episodes occur about 50% of the time. During an episode, the patient spends about three-fourths of the time depressed and one-fourth in a manic stage. "Patients tend to do well on medication and may not have further episodes."
- **Schizo-affective disorder,** which is an in-between state: "Not schizophrenia, because there are mood episodes; but not bipolar, because there are psychotic episodes."

Adherence to medication is an issue, and Dr. Dolgoff advised families that sometimes a patient stops taking medication because it's not working very well, and sometimes because of side effects. "The patient and psychiatrist need to work together to find the right medication." Sometimes, also, the patient feels better and doesn't think medication is needed. "I use the analogy from medicine," he said. "People on blood pressure medication sometimes think they can stop because their blood pressure is now normal—but they still need to take it."

Rebensdorf and Dolgoff also discussed involuntary hospitalization, the "5150" process:[2]

- **Section 5150** allows police or a mental health crisis team[3] to bring someone to an ER or mental health setting if he or she poses a danger to self or others or is "gravely disabled." The latter is defined as being unable to provide for his or her own food, clothing, and shelter. The person can be held up to 72 hours for evaluation. If, at the end of that time, the patient still fits the criteria, the doctor can sign a form for a further hold.
- **Section 5250** allows the patient to be held for an additional 14 days, with a possible additional 14-day extension.

The patient has the right to contest the hospitalization, in which case a probable cause hearing is held before a judge in the hospital. The patient has the right to aid from a patient advocate during the process. The patient can still appeal the verdict, and then a writ hearing is held in court.

People often calm down in the hospital, Dr. Dolgoff noted, so they may not appear to be a danger. But the judge will want to know how they will take care of themselves. It's at this point that a family wanting the patient to receive hospital treatment can refuse to provide basic care and so force the hospitalization. He noted that a third party may also offer food, clothing, and shelter.

Treatment for mental illness is a combination of medication to manage symptoms, psychotherapy to provide practical counseling—not the earlier kinds of therapy, where patients talked through their emotions—and social and family support.

[2] The numbers refer to sections of the California Welfare and Institutions Code.

[3] Dr. Dolgoff noted that a psychiatrist can only initiate a 5150 while on hospital grounds.

"Important skills for the family to learn," Dr. Dolgoff said, "are not to argue with patients when they're delusional, and that patients with schizophrenia do well in situations without a lot of expressed emotions, especially negative emotions."

Drug and alcohol abuse is a special problem for many people with mental illness. "It's important that the family not provide means for obtaining drugs and alcohol," he said. "Substances make a person with mental illness worse and make treatment harder."

Rebensdorf and Dolgoff discussed the major types of medication for mental illness:[4]

- **Antipsychotics,** which treat distorted thinking, such as delusions and hallucinations. First generation medications like Thorazine and Haldol worked well but caused movement disorders. Second generation or "atypical" medications like Clozaril and Risperdal may not cause movement disorders but may lead to weight gain. Unlike some other medications, the antipsychotics keep on working without a tolerance buildup.
- **Mood stabilizers,** like lithium, valproic acid, and Depakote, which smooth the patient's mood and are used to treat depression and mania. "However, these medications won't stop patients from hearing voices."
- **Antidepressants,** like Prozac and Zoloft, which treat a chemical imbalance that makes people depressed. "But too much can make patients manic."
- **Anti-anxiety medications,** like Ativan and Klonopin, can be effective. "But patients may develop a tolerance, and if they increase the dosage they can become addicted."

Dr. Dolgoff noted, "We don't really know what some of these drugs are doing, what's going on in the brain. There are lots of hypotheses, such as that schizophrenics have too much dopamine, but the brain is the most complicated organ there is."

Another treatment, electroconvulsive therapy (ECT), is used for major depression or the depressive state of bipolar syndrome. It is not effective for mania or schizophrenia.

Rebensdorf noted that many families find themselves "walking on eggshells" when the situation is shaky but there's no crisis yet. What can they do then? "That's a tough one," Dr. Dolgoff said. "Keep your emotions down and your fingers crossed. Take a walk. Talk to other people."

The most important things a family can tell the psychiatrist about a patient's situation include:

- Is the patient taking his or her medications?
- Is he or she agitated or becoming a danger to self or others?
- What is his or her level of function?

"But be succinct. It helps to write out your points before calling." Dr. Dolgoff noted that voicemail works well. So does email—although by law the doctor is not permitted to reply if the original email uses the patient's name.

But then, the psychiatrist may or may not raise family issues with a patient. "We worry a lot about our relationship with the patient. We don't want to create a

[4] See NAMI East Bay's brochure "Medications for Mental Health" at http://www.thomastthomas.com/NAMI.htm.

bad situation. Also, confidentiality is a complicated dance, because the illness has many dynamics and may affect the patient's judgment."

In closing, Dr. Dolgoff said families must not give up on a person with mental illness. "Keep on working. If a treatment is not working well, don't be satisfied. Do regular re-evaluations of the treatment program. Even if there are financial difficulties, you can look around and make changes within the clinical setting."