SPEAKER NOTES

Rebecca Woolis: Forty Years of Mental Health Practice

Summarized by Thomas T. Thomas

Our old friend **Rebecca Woolis, MA, MFT,** author of the often-recommended When Someone You Love Has a Mental Illness, spoke at the March general meeting. Woolis was trained as a social worker and, besides writing a book that has been published in multiple editions including Spanish, has had a private practice in Berkeley, has administered the Berkeley Wellness Center through Bonita House, helped organize and present the family perspective at FERC panels for providers, and has been involved in many other Alameda County projects. NAMI East Bay asked her to reflect on her 40 years of practice, both in and outside of the system, and consider changes she's seen and those she wishes to see.

After taking her training in the East, Woolis entered the field of community mental health in March 1976, joining a residential treatment program at Buckelew House in Marin County, where she ultimately became program director. After 14 years in Marin, she worked in Alameda County for a year on an adolescent chemical-dependency program. She then worked in community mental health in San Jose for seven years, learning about the particular needs of the African-American, Spanish-speaking, Cambodian, and Vietnamese communities.

Woolis came back to Alameda County in 1997 to work on the Bonita House dual-diagnosis residential treatment program and then the supported housing program of the Creative Living Center. She is now retired from active program management but maintains a private practice in Berkeley.

REBECCA WOOLIS, MA, MFT

In the late '70s, she said, NAMI had not yet begun, and its programs to support families were still in the future—although she could see the need even then. In 1992 she was approached by a publisher to write a book about the family experience, and the result was *When Someone You Love,* which was revised in 2003 and has been translated into five languages. Woolis feels the Spanish edition of 2013 is the best, because she was able to revise and reorganize the material.

Then Woolis discussed the positive changes she has seen in the past forty years.

Role of the consumer. Formerly known as "patients," the people who struggle with the lived experience of severe mental illness are now viewed in a new way. They are assumed and expected—and empowered—to be more involved in the treatment and services they receive.

Role of the family. With new understanding of mental illness—through genetic studies and brain imaging, for example—the movement is away from health providers blaming family members for a consumer's illness and refusing to take the family's inputs. Through groups like NAMI and the county's Family Education and Resource Center (FERC), families now have more resources for dealing with their loved ones through books, pamphlets, training, and support groups.

Recovery model. Mental health treatment has moved away from doctors and psychologists calling all the shots, toward a different way for consumers and families to think about the illness. Consumers are encouraged to take control of their lives. Case management is evolving into personal care and services coordinators who help people put together a life they can be happy about. More and more consumers are joining peer groups and seeking employment in positions where their lived experience can be used to help others.

Supported housing. Where treatment options once were either inpatient or outpatient, with the most severely affected patients being institutionalized, supported housing for independent living on a permanent basis has become more available. In the '60s, many hospitals were closed with the expectation that community programs would replace them—but those programs were never funded. Now programs are evolving into options for community treatment, but funding is still a big problem.

Substance abuse and mental illness. These issues have traditionally been treated separately, with little connection or cross-training. Now programs are being integrated, and we are moving toward individuals able to have all their needs met in one place. The next step is integration with medical services.

New psychotropic medications. Many new medications with greater specificity, better treatment profiles, and fewer side effects are now available. The field is receiving more research and experiencing innovative methods of treatment.

New talk therapies. Once a consumer is stabilized on medication, new kinds of therapy—like cognitive behavioral and dialectical behavioral therapy—are available to help him or her examine and understand the condition and prepare for recovery and living as independently as possible. This changes the psychiatrist's role from applying Jungian analysis and long-term psychotherapy—not the treatments of choice for severe mental illness—to integrating medication management with helping the consumer learn functional skills.

Greater cultural awareness. The general public is now more aware of mental illness with the potential for treatment, community involvement, and recovery. Stigma is fading. Woolis has seen a new generation of social workers and therapists who are now trained to serve in community mental health.

Early intervention programs. Professionals now recognize the importance of identifying and treating adolescent mental problems early, especially before the patient's first psychotic break.

Criminal justice system. Police and emergency first responders are now receiving crisis intervention training (CIT) and learning how to deal with disturbed individuals and their families.

Assisted Outpatient Treatment (AOT). Laura's Law, recently adopted by Alameda County with a pilot program beginning July 1, is another move of the pendulum between voluntary and involuntary treatment. AOT meets somewhere in the middle, providing some measure of court-monitored, involuntary treatment with patient protections.

Hearing Voices Movement. This peer-oriented effort supports a broad re-evaluation of the consumer's lived experience.

However, even with all these advances, Woolis noted that many areas still need improvement. Most consumers get to talk with a psychiatrist for twenty minutes at a time and have no opportunity for case management. Psychiatric emergency services like the John George Pavilion in Alameda County are overcrowded, and supported housing is in short supply. "What we still need," Woolis said, "is *more of everything*. We know how to provide a whole system of care, but we don't have the financial commitment to proceed."

She then noted changes in the mental health field that have not been for the better.

Lack of residential treatment. The public mental health system no longer funds this approach. A person generally needs six months to a year or more to learn the skills to function independently. Private treatment is available but costly. Residential treatment has been replaced by less expensive—"and that's the point," she said—services like day programs and case management.

Lack of companionship. Community volunteers are no longer trained to spend time with people who have a mental illness. Peer programs are wonderful in this regard and help to supply this need.

Diversion of programs and funding. For example, supported housing for people with severe mental illness is now being redirected to the homeless problem. "Public services are putting out fires," Woolis said. "The situation is almost Sophie's Choice"—meaning an impossible and heartbreaking choice. Also competing with mental illness for funds and attention are the elderly, and children—and their issues are often related to mental illness.

In working with families, Woolis said, two concerns generally come up. One is the family members blaming themselves for the illness. The other is figuring out how to fix it. "It's hard for families to accept the mantra 'I'm not the cause, and I'm not the cure,' " she said. "And it's hard for them to accept that the illness may be a long, ongoing problem."

Families also struggle with what they should expect from their loved one—which tasks and goals are too easy, and which ones are too much? And they worry about who will take charge after the parents are gone.

When confronted with consumer group opposition over issues like AOT, NAMI and its family members must remember that not all consumers are at the same level and stage of recovery. Peer group leaders may be organized and extremely functional, while the ill family member is quite incapacitated.

In summing up her experience, Rebecca Woolis said: "We know the services our loved ones need: residential treatment, long-term housing, vocational and life-skills training. What we don't have is buy-in from the country that mental illness is important enough to provide funding."