

Psycho-Social Interventions in Mental Illness at the Alameda County Medical Center

Summarized by Thomas T. Thomas

In the field of mental illness, where psycho-pharmaceutical inventions seem to dominate, is there still room and necessity for psycho-social intervention? The main speaker at our July 22 meeting, **Maurice Fried, PhD**, is well grounded in clinical practice and in academic study of mental illness. He is Clinical Manager and Director of Training in Outpatient Psychiatric Services at Fairmont Campus of the Alameda County Medical Center, as well as clinical research associate in the Schizophrenia Disorders Clinic, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Joining him was **Kyletta Sanchez-Turner**, Admissions Coordinator at the Fairmont Campus, to talk about patient outreach.



MAURICE FRIED, PHD

“My main interest is in psycho-social interventions, including group therapy, individual therapy, and activity therapy,” Fried said. He described the day treatment program, which includes these therapies, at the Fairmont Campus of the Alameda County Medical Center¹ in San Leandro. The focus of the program, he said, is to “keep people out of the hospital, keep them on their medications, and keep them functioning in the community.” Fried said research shows that early intervention, taking medication and avoiding hospitalization leads to better outcomes.

In the county system, the emergency facility at John George Psychiatric Pavilion provides inpatient services that will get a patient stabilized. At the point of discharge, he or she needs outpatient or day treatment services, such as provided at the Fairmont Campus and Highland Hospital, to combat the return of symptoms and provide the patient with mental stimulation. “Our programs are relational and activity oriented,” Fried said. “They are designed to keep people engaged with conversation and activities designed to fight the sense of isolation, of ‘nothing happening,’ that is common with mental illness.”

The services are divided into a partial hospitalization program (PHP), for people who are newly discharged from a psychiatric hospital and need a lower level of care than complete hospitalization, and an intensive outpatient program (IOP),

¹ The Alameda County Medical Center includes Highland Hospital in Oakland, Fairmont Hospital and John George Psychiatric Pavilion San Leandro, and three ambulatory care clinics in Oakland, Hayward, and Newark. Although separated from the Alameda County in 1999, they are still part of the county’s network of care.

as a “step-down” program for people who have completed PHP or who need more structured care, such as when psychiatric symptoms worsen, but for whom daily treatment is unnecessary. Both programs include a mix of group therapy and activity sessions. PHP is five days a week with four groups per day, while IOP is three days a week with three groups per day. Both programs employ a mix of therapies as described below.

Milieu Therapy “creates a structure, space, and set of people who come to be like a family for the patient,” Fried said. The milieu supports the patient, educates him or her about treatment issues, and encourages participation in a safe, predictable, consistent, and positive environment.

Dialectical Behavior Therapy helps the patient reduce chaotic behaviors, labile emotions, impulsiveness, and cognitive distraction. Patients work on their interpersonal skills, regulating their emotions, tolerating stress, and building mindfulness that helps them lead safer, more successful lives.

Solutions for Wellness is a program originating with Lilly, maker of the antipsychotic Zyprexa which has been linked to weight gain. The program teaches lifestyle changes including diet, exercise, smoking cessation, and other healthy approaches. “Patients in a board and care have no real control over what they eat,” Fried said, “but they can learn portion control and take more exercise.”

Drug and Alcohol Abuse Treatment is necessary because mental illness is often associated with high rates of substance abuse. “Helping people keep sober makes them healthier, better able to comply with their medication, and keeps them out of the hospital,” he said.

Training Opportunities Program Series (TOPS) starts patients with jobs around the campus—serving in the library, on the lunch line, editing the newsletter—to learn skills and reliability. “New research at Yale shows people with mental illness can be more active in the community,” Fried said. “For years we thought people couldn’t participate and that treatment was simply babysitting. Now we want the patients to have goals. They can get a job, get married, have a family, become a member of the community.”

Cognitive Training Program uses computers to help people preserve their brain’s abilities and think better. “This is based on research by Dr. Sophia Vinogradov at the Veterans Administration,” Fried said. “For years we’ve had medications that address the positive symptoms of schizophrenia—the voices and delusions—but not for the negative symptoms such as cognitive decline. Now computer programs are training people and strengthening their brains. After six months with this training, patients can have the same mental capability as someone without schizophrenia.”

Geriatric Program helps patients deal with the psychological and emotional consequences of the aging process. “We’ve known since the 1920s that people with mental illness age about 20 years earlier than the rest of the population. Patients in their 40s and 50s are experiencing medical problems like arthritis and heart disease that usually strike in a person’s 60s and 70s. This program helps people with medical issues related to aging in addition to their psychiatric issues.” The geriatric program is run under a contract with the local group Center for Elders Independence.

Family Program recognizes that a patients' family members have an important role in the person's life. The campus provides support groups and therapy sessions for families. The program offers additional information and skills that help them improve their coping and effectiveness in dealing with a disabled family member.

Kyletta Sanchez-Turner, Admissions Coordinator for the Fairmont Campus, described the process for reaching out to mentally challenged persons. Some are referred from their most recent hospitalization, while others are referred from the community or by family members. She meets with potential clients, gets their basic information, and arranges visits to the program to help them decide to participate. She assigns a licensed therapist to the patient to do an evaluation and draw up a treatment plan.



KYLETTA SANCHEZ-TURNER

“Our program includes a primary therapist who works with the patients on meeting their goals; a program psychiatrist who meets with each patient once a week to monitor medications and treatment concerns, and a program nurse who is available to discuss medical concerns,” she said.

Sanchez-Turner also works with the patients on issues like financing and transportation. The Alameda County Medical Center's psychiatric programs are supported about 80% by a mix of Medicare and MediCal payments. They also work through the Kaiser Permanente system and have contracts with private insurance. To help patients attend the day treatment programs, the campus provides transportation through a number of vans that run routes in the morning and afternoon.

Fairmont Campus treats about 150 to 200 patients a week in both the partial hospitalization and intensive outpatient programs. “We have about 8 to 10 people in each group session,” she said. “So it's comfortable.”

Patients range in age from 21 to 79 years, although Maurice Fried said the age of intervention is trending downward. The average length of stay is 8 to 12 weeks for the partial hospitalization program (five days per week), with an evaluation after 8 weeks. From there, patients can graduate to the intensive outpatient program (three days per week). They stay in the latter as long as necessary, anywhere from six months to five years.

“We always have openings,” Sanchez-Turner said. The admissions process is fairly rapid: one day for referral, one or more days to arrange the visit, then two to three days to process the admission.

Recent Clinical Trails at Stanford

Maurice Fried is also involved with the Schizophrenia Disorders Clinic at Stanford University. The clinic deals with a patient population of whom 90% have a diagnosis of schizophrenia and the rest a mix of bipolar disorder and major

depression. There, he is currently involved with several clinical trials of medications, including:

- Using a new medication, Sertindole, to combat cognitive decline and preserve brain function in schizophrenia.
- Assessing the effectiveness of lithium as part of optimized treatment of adults with bipolar disorder.
- Using olanzapine (Zyprexa) in the treatment of patients experiencing increased symptoms of bipolar disorder.
- Using the diabetes medication metformin (Glucophage, Glumetza, Fortamet, etc.) in treatment of antipsychotic-induced weight gain in schizophrenia.
- Optimizing antipsychotic treatment of schizophrenia with quetiapine (Seroquel).