

Rebecca Carrillo: New Psychiatrist with Berkeley Mental Health

Summarized by Thomas T. Thomas

At our meeting on May 24, **Rebecca Carrillo, MD**, spoke with us about her experiences as a recent addition to the staff of psychiatrists at [Berkeley Mental Health](#). Her practice focuses on the whole person, including the mental, emotional, and physical health of her patients. She is currently reviewing research on negative symptoms (e.g., low motivation, lack of interest in everyday affairs, and social withdrawal) commonly experienced by many people living with serious mental illness. Dr. Carrillo believes in the benefits of family support and appreciated the opportunity to communicate with family members.

“I am passionate about my work,” she said, “especially how mental illness impacts the family.” This is of direct concern to her, because she has lost two brothers to suicide and was hospitalized herself while an undergraduate at UC Berkeley.

Dr. Carrillo is the youngest of eleven children. Her parents were born in the U.S. and raised in Mexico, and her ten older siblings were born there—although she was not. “So I am sensitive to issues of inclusion, diversity, social justice, and the traumas related to immigration.”

She lived in the Bay Area for twenty years, then decided to attend medical school late in life. She studied medicine in Los Angeles and worked as a psychiatrist with Monterey County before coming to Berkeley Mental Health, which is part of the city’s services.



REBECCA CARRILLO, MD

“Although I lived here for years, there are things I didn’t know about Berkeley,” After she was on the job for six weeks, the clinic where she worked was closed for renovations. Even when she was being moved around, she was able to meet with clients with severe mental illness who needed to be seen. She said it was good to get out and meet clients in their homes, in board-and-cares, and in residential facilities. “It’s a different exposure in the home environment.” She also had a chance to talk with social workers and others involved with the client. “Information comes from different people.”

After this brief introduction, Dr. Carrillo opened the meeting to questions.

Q. What is your ideal day as a psychiatrist?

Having a conversation, listening to clients, and keeping an open mind. The work is a phenomenal human experience.

Dr. Carrillo sees an average of six clients a day, from among a caseload of about two hundred—which compares well with some clinical settings, where a psychiatrist

might have a thousand patients. She tries to see people even when they're late for an appointment, because she knows they may have a long bus ride, and some have no home at all. "We don't turn people away. We try to be flexible about timing."

The staff at Berkeley Mental Health includes two full-time psychiatrists, including Dr. Carrillo, and one who is available part time.

Q. What do you do if clients won't take their medication?

That's a good question. It's impossible to know if someone is compliant about medication unless we check a serum level. "I am not an enforcer."

Although Dr. Carrillo comes from the medical model of psychiatry, she believes in building a relationship with her clients. "If people feel safe, they will discuss their illness. I'm not there to impose my beliefs but to provide information and recommendations. I explain the risks and consequences of certain actions, like taking or not taking medication." She believes that "agency comes from having information." The doctor can describe when therapy or medication would be helpful and make recommendations. And if the client wants the family involved, she can invite them in as a resource.

Dr. Carrillo has a "recovery-oriented practice." That means she works in collaboration with the client. Her treatment plan uses the client's own words and goals, rather than her projections. She honors the voice of the client. She believes in providing a safe space and explaining what she recommends and the reasons for it. This is different from having the doctor tell the patient what is going on inside their head and prescribing actions and medications without collaboration—although some people do want that diagnosis and direction which is more typical of a traditional medical model. It all depends on the person's culture.

Q. How do you treat someone who is paranoid and convinced the CIA is after him? It's hard to make informed decisions when a person's thinking is so impaired.

Dr. Carrillo said she loves psychiatry, but it can also be heartbreaking sometimes. "There are times I know that medication would help. But my job is to make sure the person understands the risks and benefits. I wish I could make it better in these cases by forcing the client to take medication—but that doesn't work." However, when someone is not able to make an informed decision, mechanisms are in place to ensure they receive medication.

Dr. Carrillo said she knows that forced medication, being in restraints and having doctors and nurses tell you what to do, or having a judge decide you don't have the right to make a decision—that all can be traumatic for a person with mental illness. Sometimes it is necessary. "I do what I can to facilitate the best choice, based on having the client trust me," she said.

Q. Where is Berkeley Mental Health located now? And how do I get services for my ill relative or loved one?

The Adult Services Clinic is temporarily located at 1890 Alcatraz Avenue, between Adeline and Shattuck. Family, Youth, and Children's Services are at 3282 Adeline Street. To reach the Mental Health Division itself, call 510-981-5920. For the Mobile Crisis Team, call the police non-emergency number at 510-981-5900, or leave a voice message at 510-981-5254. Email mentalhealth@cityofberkeley.info.

When a client calls the department for the first time, they are given a referral and appointment for an initial intake assessment. From there, the doctor will describe the next steps.

Q. How do you know when you're sick, when you have a mental disorder?

There is a clear answer for that: when your functioning is impaired at some level, moderately or severely, in your job, in taking care of your family if you're a parent, academically, or in some other significant area of your life.

Q. What is a "personality disorder" and how does it differ from a mental illness?

Various personality disorders are described in the *Diagnostic and Statistical Manual of Mental Disorders, Version 5 (DSM-5)*. But we really don't know the biological causes for these clusters of behaviors which impact how one functions in life.

For example, most of our medications have been targeting the same group of neurotransmitters for decades. And they are only effective about half the time. More novel medications are in the works.

Q. What about nontraditional treatments, like those in Scandinavia, like psycho-social therapy?

Psychosocial therapy is an important component of treatment for clients with severe and persistent mental illness. Although Dr. Carrillo's foundation is in medicine, she wants to learn about other approaches.

Q. Do you support research into the medical uses of cannabis?

Yes. We need this research, because we know our clients are using it for various illnesses.

Q. What about MRI's and brain scans, like the ones used by Dr. Daniel Amen on KQED?

MRI's can identify structural abnormalities, like tumors. And PET scans can give us information about how areas of the brain are functioning. Dr. Amen uses SPECT, which is similar to PET scans. As noted above, we don't yet know enough about the brain and its biology to say how useful these are in psychiatry.

In closing, Dr. Carrillo had a question of her own for the group: What does NAMI do? How are you here for each other?

Various people answered from the audience. Aside from these informational speaker meetings, NAMI offers support-and-share groups (see page 1), one for people with an adult child or relative with a mental illness, and one for people with a child or adolescents. The group also hosts a family-to-family class and offers referrals to local service providers and advice and advocacy on issues like housing and stigma. In addition, the local NAMI supports alternative approaches, like the Hearing Voices Network.

"Our main function," said President Liz Rebensdorf, "is to help people in this situation realize that others have the same concerns. That they get it. That you are not alone."