

The Role of the Psychiatrist in Treating Mental Illness

Summarized by Thomas T. Thomas

With the rise of the new medications, psychopharmacology, psychotherapy, assertive community treatment, and family counseling, where does the psychiatrist fit in the treatment of mental illness? At our November 19 meeting, we heard from **Roger Mendelson, MD**, a Diplomate of the American Board of Psychiatry and Neurology with a practice in Oakland. He



ROGER MENDELSON, MD

has years of experience working with patients and families and has a reputation for being both practical and approachable.

“I’ve been a psychiatrist since 1972,” Dr. Mendelson said, “but before that I had a summer job as an orderly at San Francisco General Hospital while an undergraduate at Stanford. I was currently studying engineering and thinking about changing to psychiatry.

“Back then—and this was the early ’60s—Thorazine [generic: chlorpromazine], Stelazine [generic: trifluoperazine hydrochloride], and some barbiturates were the only antipsychotic medications available. There were no antidepressants or mood stabilizers. Patients were sent to Napa, Agnews, and other large state hospitals for months or years of treatment. And the most potent treatment we had was electro-convulsant or ‘shock’ therapy. This was the hard-edged, biological approach to psychiatry.

“We also had the Freudian, psychodynamic approach, with a theory for every mental state—even those that we today think of as genetic and biological. One such theory was the now discredited ‘schizophrenogenic mother.’

“About the time I finished my psychiatric training,” Dr. Mendelson said, “the roles of biology and psychodynamics in mental illness—nature versus nurture—were under discussion. The synthesis was that serious mental illness involves both. There must be something in the system to cause a major mental disorder, but life experience and psychodynamics add a dimension that confers individual strengths as well as trauma.

“Of course, the main thing that’s happened in my career is the tremendous growth of medication and the variety of antidepressants, antipsychotics, and mood stabilizers. All have some side effects, but they really can help a person. A good psychiatrist provides the proper medication with counseling, the psychological perspective, and awareness of how the patient fits into his or her social network of family, friends, and support personnel.” Dr. Mendelson said he believes this social network, which might include anyone from a Dutch uncle to a licensed caregiver, plays an important part in treatment of mental illness.

In addition to his private practice, which has a general population of high-functioning adults (not children or adolescents), Dr. Mendelson is involved with community mental health at the Eden center on the campus of Fairmount Hospital, serving San Leandro and Hayward. There, every patient has both a psychiatrist and a case manager, with the latter usually being a licensed clinical social worker (LCSW) or marriage and family therapist (MFT).

“When seeing a patient,” he says, “I try to have a family member come in, because I can get good information from the family—often better than from the patient alone. It’s important to get information from members of the patient’s social network, who are doing a tremendous amount of care giving. And they, in turn, want to learn about medications and treatment options.”

As an example of this, Dr. Mendelson offered two patients from his experience. One, “Jacquie,” was a 50-year-old woman hospitalized for hearing voices. She lived with her mother until the mother developed terminal cancer. At that point, a brother stepped forward and helped Jacquie find housing when the family home was sold. He also attends her psychiatric appointments. Despite the trauma of losing her mother, Jacquie fared well and did not deteriorate.

By contrast, a young man, “Andy,” was always nervous and thought people were looking at him “like he was the devil or something.” This perception limited his social contacts, and he did not see his family. Although he is a sweet person, Andy has no social support in his life.

After this brief introduction, Dr. Mendelson opened the session to general questions and discussion. In the following, the responses are a combination of the doctor’s answer with additional discussion by audience members.

Does Eden have a treatment program?

Technically, no. But the patients have access to the Alameda County Medical Center’s program at Fairmount Hospital, where Eden is located. We also have a one-day socialization program through the three clinicians on staff.

How should a family member deal with privacy issues—say at the point of a person’s being 5150ed.¹

If a person is really a danger to himself or others, then it is best to get that patient into the hospital. At that time Dr. Mendelson would urge the patient to notify parents or other family members. After the 72-hour treatment period of the 5150, the hospital staff can recommend a further 14-day certification for treatment. If the patient contests this certification, then there will be a hearing at which the family can be present.

There is also recent, pending legislation that provides for information to be released to the family when a person is about to be detained under Section 5150.

How do you know your psychiatrist is a good one? How do you make him work with the family as a team? When my boyfriend was hospitalized, the psychiatrist just said the best thing I could do was pray for him.

Dr. Mendelson said he welcomed family input, but a lot of psychiatrists don’t see things that way. Many psychiatrists, also, are tightly scheduled at their hospitals and don’t have a lot of time for discussion. Some approaches for being heard were recommended by Dr. Mendelson and other participants:

- Try to communicate through the case manager instead of directly with the MD.
- Organize your thoughts and pick out the one or two facts that will get attention and affect treatment: “He doesn’t take his medications.” “He’s feeling suicidal.” “He needs to go to the hospital.” Put these ideas in a short, two-paragraph letter or leave them on voice mail to the doctor.
- Avoid unhelpful judgments like “Is this a good psychiatrist.” Understand that psychiatrists, like all doctors, want a good result—or at least want to avoid a bad result like a suicide or relapse.
- Be persistent. Busy medical workers think in terms of triage. You have to be an advocate for your person. Be the squeaky wheel that gets attention.
- If you’re still not satisfied, take your complaint to the next higher level in the organization. Letters do get read, especially if they are copied to people at a higher level.

My son is at a board and care where they give medications at dinnertime. If he misses dinner, they don’t administer the medication. What can I do about this?

Is this a licensed facility? If so, the caregivers are supposed to supervise the taking of medication, which includes walking the medication to the

¹ Section 5150 of the California Welfare and Institutions Code provides for the detention of a person who is—in the opinion of a peace officer, member of the attending staff of a county evaluation facility, or a mobile crisis team—“a danger to others, or to himself or herself, or gravely disabled.” The detention allows 72 hours for treatment and evaluation.

patient's room. However, if the patient refuses the medication, there is not much they can do.

My daughter is schizo-affective and has been on medication for several years. In the last couple of months she has deteriorated, won't go to the psychiatrist, and doesn't recognize me as her mother. She has given up all her things and locked herself in the closet.

Is it possible she's using street drugs? The part about not recognizing you is suspicious, as sudden shifts like that are sometimes drug-related. Her behavior sounds severe enough and unusual enough—certainly psychotic—that she needs hospitalization. If you called a policeman to initiate a 5150, would he think she was okay? If she can hold things together for ten or fifteen minutes—about the amount of time a policeman will give you—then you might mention previous hospitalizations. That gets the police's attention. If you can be there when the police come, or go with her to John George [Psychiatric Pavilion at the Alameda County Medical Center], and you present yourself as a reasonable person, that would help your daughter a lot.

But still, she may not be admitted. The modern spirit of treatment is to avoid unjustified hospitalization, especially on the say-so of a relative. That was the basis of the Lanterman, Petris, Short Act in the 1960s, when there were abuses of the commitment process. Also, counties know that they can save money in the current budgeting crisis by minimizing the number of hospitalizations.

Your best bet as a parent or other family member is to be around when the treatment is going well so that you can be involved and help your daughter when things start to deteriorate.