

## **THE ALTERNATIVES PROGRAM**

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### **INTRODUCTION:**

- There exist a well-documented disparity in the delivery of mental health care for Af-Am clients (Surgeon General's Report, 2002)
- Af-Am patients with chronic and persistent mental illness are vulnerable to such a disparity as they seek rehabilitative services in the community
- Culturally appropriate interventions aim to reduce such disparity in care delivery and the Af-Am centered approach is a representative example
- The specific program components include milieu therapy, intensive case management/outreach, spiritual healing, pharmacotherapy and psycho-education, social skill building and vocational rehabilitation
- All aspects of care delivery of the model are amenable to research

### **THE FACES OF DISPARITY**

- Af-Am patients are likely to receive mental health care in the emergency rooms or inpatient setting
- They are more likely to be diagnosed with a psychotic disorder rather than an affective one
- They are much more likely to be “coerced into care” and receive parenteral forms of treatment
- They are more likely to be treated with older typical agents than newer ones
- They are much more likely to receive depot medications

### **DISPARITY IN TREATMENT SETTING**

- Af-Am are less likely to be insured which limits access to care
- Some patients may have a different explanation of their prodromal symptoms which may delay treatment
- Delaying of help-seeking may lead to more severe symptoms upon presentation
- The combination of mistrust of the hospital system, advanced symptoms, and an unexpressive style of some patients often lead to stormy initial encounters
- Negative initial encounters and coercive care interferes with a therapeutic relationship with the system and leads to noncompliance
- Noncompliance probably sets the stage for repetition of the cycle described above

### **DISPARITY IN DIAGNOSIS**

- Af-Am's are more likely to be diagnosed with a psychotic illness rather than an affective illness. This is related to:
  1. Poor initial alliance especially when treatment is involuntary
  2. Misinterpretation of muteness, strong affect, or unusual body language
  3. Uncontrolled prejudice and bias on the part of the care-giver
  4. a hurried, tense setting of care that interferes with a full psychiatric evaluation and a bio-psycho-social and cultural formulation

## **DISPARITY IN TREATMENT**

- Historically, Af-Am's were viewed as unfit for psychodynamic therapies (Harris et al Academic Psychiatry, 28:3, Fall, 2004)
- Af-Am's are less likely to receive newer psychotropics
- Are more likely to be receiving depot neuroleptics
- The disparity in treatment is closely related to the disparity in diagnosis

## **OUR PATIENTS**

- All patients are Af-Am males
- Age range is from 18-65
- All have extensive history of inpatient psychiatric treatment and long term care placement
- Many have forensic history
- Most are conserved
- The major diagnoses are Schizophrenia, Schizoaffective Disorder, Bi-polar Affective Disorder, and Anxiety Disorders
- Almost half of the patients are maintained on depot neuroleptics
- Patients live mostly in supervised boarding care homes, but also independently in hotels and few with their families
- All receive disability compensation but some strive towards educational degree completion and employment
- Older patients tend to be more stable than younger ones

## **OUR GOAL**

- Improve therapeutic alliance
- Arrive at an accurate diagnosis
- Educate patients about their illness and its treatment
- Reduce rates of re-hospitalization and optimize functioning in the community
- Function as a "safety net" for our patients in community at all times but especially in times of crisis
- Help patients utilize community resources to assist with their rehabilitation

## **MEDICAL ASPECTS OF CARE**

- All patients are on at least one psychotropic
- About half of the patients are on a mood stabilizer, most notably Valproic Acid
- About half of the patients are on long-acting Risperidone
- Only one patient is maintained on Clozapine
- Patients receive primary care in the community and are closely followed
- Among the most notable side effects are development of metabolic complications with psychotropics (especially weight gain and diabetes with Olanzapine) and hyperprolactinemia with Risperidone
- We are closely monitoring the development of metabolic complications on all patients
- We may have diagnosed a rare case of Risperidone induced neutropenia in one patient

## **PRELIMINAR OUTCOMES**

- Low rate of re-hospitalization
- High rate of compliance with treatment
- High rate of patient satisfaction
- Recognition of work by CBHS

## **RESEARCH PROSPECTS**

- All aspects of care are open to descriptive and comparative research
- Patients are consentable
- Outside researchers preferred to evaluate outcomes so as to reduce bias

## **Damon Eaves, LCSW**

### **INTRODUCTION**

2003 S.F. City & County awarded 2-year Ca Dept. of Mental Health grant to “develop alternatives for institutions for mental disease treatment.”

2 counties awarded grants

San Francisco County: Focus on African-American Males

### **WHY AFRICAN-AMERICAN FOCUS?**

Report, “Identifying factors that contribute to longer term community tenure for L-Facility discharged clients (2002, McGirr, SenGupta)

2001-2002 Census figures show Af-Ams are:

7% of S.F. population

23% of CBHSA Adult System of Care

28% of IMD residents

Stay 20% longer (152 days) than non Af-Am

More likely to return 6 months post discharge

### **THE CONTEXT OF DIAGNOSIS & AFRICAN-AMERICANS**

Societal

Legal/Governmental

Psychological

Acknowledgement & Inability

Extinct DSM Debate

### **SCHIZOPHRENIA AS A LARGER SOCIETAL PROBLEM**

Intersecting Risk Factors

Philosophy of Frantz Fanon

### **AFRICAN-AMERICAN CULTURAL INTERVENTIONS**

African-American Defined

Double-Bind/Dissonance

Black Consciousness

Self-Healing

### **MEDICATIONS AND AFRICAN-AMERICANS**

Side Effects

Disease, Injury & Death

Diabetes

Obesity

TD

Hypertension, Stroke, Heart Failure, Kidney Disease

### **A BRIEF HISTORY ON PSYCHOPHARMACOLOGY**

Amphetamines

Methamphetamines

Lithium

Thorazine

### **UNDERSTANDING RACE, ETHNICITY & POWER**

Client/Worker commonality

Due Dilligence

Advantages & Disadvantages

Dimensions of Trust

Af-Am client tendencies

Continuum of Culture: Denial, Acceptance & Embracing

### **PSYCHOLOGICAL TREATMENT VS. HARM**

Alvin Poussaint, MD Quote

### **COUNSELING & THERAPY APPROACH**

Directive

Focus on Problematic Behaviors

Search for Meaning and understanding of Metaphor

### **DEEP THOUGHT**

Heinz Kohut Quote

### **INITIAL TREATMENT PHASE**

What works

### **GROUP TYPES & GROUP THERAPY PRINCIPLES**

7 types of groups per week

Monthly special event

Group Therapy Advantages with Af-Am's