President's message

The State of Our State
By Tony Robucci, M.D.

In previous newsletters, I've mentioned that access to mental health care has been a hot topic both locally and nationally. In a survey of our membership last year, advocacy for patient access to care ranks as one of the top two priorities on which members want us to focus. Over the past year our society has been working with the support of an APA grant to better understand the constraints on access to mental health care in Colorado. Last year, we surveyed primary care physicians in Colorado to better understand their perceptions and attitudes towards mental health care in the state. I'd like to share the preliminary results of this survey with you here.

We sent out 3410 surveys to members of the specialty societies for internal medicine, family medicine, and pediatrics. Of those, we received 410 surveys for a 12% response rate. The distribution of respondents covered much of the state, with most respondents practicing along the Front Range.

One of the first matters we addressed is whether or not the PCP is aware of a general psychiatrist within a thirty-minute drive of their main office location. 93% of respondents indicated that there is a psychiatrist that close (Figure 1). For a child psychiatrist, the “yes” response was 74%. For a general psychiatrist, we were able to compare the responses with our membership directory (Figure 2). The distribution of survey respondents can also be discerned from this graph. Caveats include that we only have record of a psychiatrist present if he/she is a CPS member. In addition, child and adolescent psychiatrists may not be seeing any adult patients, or the psychiatrist might not be taking new patients.

One of the main concerns regarding access is whether or not a patient can schedule an appointment with a psychiatrist. From the perspective of the primary care physician, only a few psychiatrists are available to accept new patients (Figure 3), and, similarly, only “a few” (63% of responses) child psychiatrists are available. Predominantly “many” to “all” of their patients, totaling 76.5%, have had trouble accessing care (Figure 4).

Primary care physicians are currently managing much of the mental health treatment needs. According to our survey, 64% refer 5 - 25% of their patients with a psychiatric condition for psychiatric treatment. Of the patients that had difficulty accessing psychiatric treatment, the more common reasons were financial (no insurance coverage or other resource) and that the psychiatrists in the area are not accepting new patients. 61% have a relationship with a psychiatrist with whom they consult on either a formal or informal (curbside) basis. 53% felt that their local community does not have enough non-psychiatrist mental health providers either.

In addition to physicians, we wanted to assess the role of paraprofessionals in the delivery of health care. As you might expect, advanced practice nurses with prescriptive authority (RxNs) and physician assistants are fairly commonplace in primary care offices (Figure 5). Psychologists are also developing a presence; 25% of offices have a therapist on-site (Figure 6). Of great concern, I believe, is the degree of reliance by PCP’s on the prescriptive advice of psychologists or therapists. Two-thirds of PCPs are discussing
One of the most challenging and frustrating aspects of residency has been learning to treat patients within a system that is often difficult to navigate. It’s hard to imagine trying to navigate the system as a patient struggling with mental illness. I thought it might be helpful to hear from someone who has first-hand experience with the many barriers preventing people from obtaining optimal mental health care. My brother was kind enough to allow me to interview him. He’s 25-years-old.

What was the process of being diagnosed with bipolar like?

I wasn’t diagnosed with bipolar when I initially sought treatment. In my first year of college, I went to psychiatric services seeking help identifying a cause for my inability to complete even simple tasks. I was first diagnosed as having ADD/ADHD and was prescribed Adderall. After several months of gradually increasing the dosage, it became evident that I was experiencing very high irritability, and the effects of the medication were destructive. My life began a very rapid spiral out of control. I began to hallucinate, mildly at first, but my visual hallucinations and strong auditory hallucinations prevented me from working. I was afraid to leave the house. I became paranoid, and I started to focus all of my energy on getting to my appointments. When I was finally able to tell my psychiatrist about the hallucinations and paranoia, I had already quit my jobs and dropped out of school. Since I was no longer a student at the University I was no longer permitted to see her and pay the same rates as students. I was only allowed to see her during time she was allotted for her private practice. She began seeing me for two-hour sessions once a week until we had talked enough that she was able to diagnose me as bipolar. I finally began appropriate treatment, and she then referred me to a free center for the treatment of bipolar. I was offered free psychotherapy so long as I continued seeing the psychiatrist for medication management. More than three years since being diagnosed with ADD/ADHD I was correctly diagnosed and was able to start reconstructing my life. I now have the tools for self-awareness that come from effective psychotherapy. I learned how to chart my moods so that I can monitor for any significant changes that might warn of a relapse. I’ve learned to understand the exact nature of the cycles I’m prone to. I’ve learned how to manage my stress so that I can work in a demanding job once again without it being a threat to relapse. I have learned to dissect my moods to determine what moods and emotions have a legitimate source and which ones should be ignored.

How hard has it been to access mental and physical health care?

Very difficult. Seeing a psychologist for the intake appointment required being put on three-month waiting list. Seeing a psychiatrist for the first time didn’t happen for more than six months. By the time I received the correct diagnosis, I had already dropped out of school. I was unemployed and living in an apartment I couldn’t afford. I didn’t realize how unstable my life had become because I was delusional and irrational. To afford the medications necessary for treatment, I had to choose to spend my money on medication rather than housing or sometimes even food. I used public assistance temporarily for food, but I wanted to try working and getting back to a state of self-sufficiency so I ended up making too much money to be eligible for assistance. My medications cost nearly 95% of my income though, and I was forced to live in a car. The stress of being homeless certainly compounded my problems. I lived in a car through an entire winter, digging myself out of snow drifts some mornings and scraping the ice off the inside of the windshield other mornings.

I still cannot afford health insurance due to insurance pre-existing condition exclusion clauses. I have had to re-prioritize my expenses to allow for medications and medication management. My basic needs come second, my son’s basic needs (including health insurance) above that. I have teeth missing and have had to endure abscesses, infected dental cavities and deformation of my jaw because I would not be able to pay any bills incurred had I seen a dentist.

My current source for medication manage-
ment is a mental health center for low-income patients. I am offered a discount rate which is still quite taxing on my current income. I’ve worked my way up to a management level position, and my salary is steady, but the sliding scale rates I pay increase with my income. I am on a discount prescription plan which my pharmacist set up for me, but the rates I pay for medications also increase with my income. I am able to afford my housing, but it also is fixed around my income.

What are the frustrations of having a mental illness?

The biggest frustration of having a mental illness is the choice between hiding it from everybody around me or suffering the stigma that accompanies disclosure. I have been told that the reason I’ve been passed up for promotion is because of the drugs that show up in my mandatory drug tests. Although it’s illegal to discriminate against someone for mental illness, the case can legally be made that, because of the nature of my work, the presence of amphetamines (prescribed) and antipsychotics in my system is a liability. The legal battle that would ensue if I took my case to court would almost certainly be outside of what my safe capacity for stress dictates.

It’s frustrating to have lost so many friends to those years when I became somebody outside of my will. My irrational behavior is irrevocable and cannot serve as an excuse for what in reality I did and said. My family was exiled to a far corner of my mind, and my friends were subject to the onslaught of crude accusations, delusions of paranormal abilities and unstable justifications for inexcusable actions. My reputation for dependability and responsibility was completely marred. My credibility as an artist and musician set back. My ability to think and be spontaneous has been degraded by sedatives. For a very long period of treatment, while dosing of mood stabilizers was being established, my relationship with my child’s mother was put through a trial that proved to fail under my inability to communicate or emote. All of the negative effects of living with a mental illness are readily available in case after case. The detriment is immeasurable, and there is no safety net that can prevent the complete change of one’s life after being diagnosed and beginning treatment.

What are the benefits of having a mental illness?

The one element that I believe most often goes unnoticed or at least unmentioned is the profound benefit that successful treatment can bring. I have a unique perspective of what it means to be human, to be alive, and to be self-aware. I don’t take so much for granted anymore. My ability to feel pain, sadness, and even anger, is just as important to me now as my ability to feel happiness, gratitude, and adoration. To feel at all and to be able to discover the source of my emotions means I don’t ignore those in my life who bring happiness, and I don’t mistakenly think that my joy is dependent on some uncontrollable source. I can feel pain and loss, and now I can identify why so that I can grieve and heal. I still have to be wary of emotions that are inappropriate and unwarranted. With my perspective, I can help give insight and hope to others. My struggle to meet my son’s and my needs will persist indefinitely, but I’m able to work, and I’ve overcome problem after problem. With the words of strength and the support of those around me, I will continue to persist and persevere.

What words of wisdom would you pass on to psychiatry residents?

Pharmacology is a tool to assist in solving the puzzles of mental illness. The solution lies in encouraging those afflicted to find the motivation within themselves to rebuild their lives against the odds. A constant state of sedation can deter a suicide, or slow an impulse long enough to quell it but it can’t give a person the ability to take back control of their life.

Dr. Davis is one of the two CPS Resident Representatives for this year. This is her first article for the newsletter.

---

Don’t Forget

We are now sending all CPS Monthly Updates by e-mail.

Please be sure we have your current e-mail address.

If you wish to receive a hard copy by mail and haven’t already notified us, please do so by calling our office at 303-692-8783.