

behavioral health NEWS

What's happening in behavioral health in the Jefferson Health System

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Giving Long-Term Patients a Life, at Belmont Residence

Before Byberry (the Philadelphia State Hospital) closed, in 1990, Charles D. lived at the institution as a violent and self-destructive young patient, who often escaped. Charles had disfigured his head and face in an earlier attempt to commit suicide with a shotgun. He remained assaultive and self-destructive.

When Byberry closed, he and many other severely, chronically ill patients needed somewhere to go. Many were triaged between forms of outpatient care, group homes, or other state mental hospitals.

Leading behavioral health experts in the region got together to come up with a better way to care for those with the most complex needs. The idea of a long-term but highly structured residence (LTSR) was the result. Michael Vergare, MD, was asked to develop the criteria that would later be used to license and fund such a facility.

At the time, psychiatrist Carol Glaskin, MD, had been working in community mental health. "When Einstein interviewed me about the chance to help direct a new model of care for these

patients, I knew there was a chance to create something very different," she recalls.

Seeking to Decrease Suffering

In 1991, Glaskin joined the staff of the Belmont Residence, a new paradigm in care. Smaller in size and based in a neighborhood setting, the new LTSR offered more continuity of contact between patient and caregiver. The residence was an experiment that gave patients like Charles D. a second chance.

"I interviewed Charles," Glaskin recounts. "He was in the first group of patients that we accepted. I had worked in acute inpatient care and done a rotation at Byberry as a psychiatry resident, so I was familiar with patients like Charles, but still, he scared me and other staff members."

The residence emphasizes developing a trusting, close relationship between patient and "Primary," who may be a staff member of any discipline.

Continuity and Compassion

Belmont Residence is the only residential program for the mentally ill in the Jefferson Health System. Running on a state-funded contract from the County of Philadelphia, the LTSR, like others

in the city, receives patients from Philadelphia's Office of Mental Health. "The goal is to get them to the highest level of function, using a true biopsychosocial approach and cutting-edge pharmacology," says Glaskin.

In short order, Charles' life turned around. He became calmer, more connected, and much more functional. Why the transformation? "Many reasons, but above all because he was being treated like a human being," says Glaskin. Charles has also

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Carol Glaskin, MD, visits with patient Charles D. on the grounds of the Belmont Residence. As the program's director, she recently made a presentation to the APA on alternatives to state hospitals.

A Message from the Chairman

Michael J. Vergare, MD



Director of Clinical Services,
Behavioral Health Services
Jefferson Health System

Something old, something new, something borrowed.... So goes the familiar wedding line. It brings to mind how we care for patients by incorporating solid ideas from the past and applying them in new settings that take advantage of treatments that allow our patients to live and work within the community.

This issue of Behavioral Health News highlights three types of interventions: residential, outpatient therapy, and work-place assistance. While very different on the surface, they each draw on the age-old wisdom of keeping our patients as close to home and work as possible.

Thanks to the benefits of new medications, highly coordinated psychosocial care, and old-fashion TLC, individuals who would formerly live out their lives in aging state hospitals, now are in a vibrant setting at the Belmont Residence. Outpatient therapy services such as those described here show our ability to use various and combined therapies to help maximize level of functioning while life change occurs. These services are replicated throughout JHS. And finally, our EAP reaches into the work place, to insure early intervention with problems. This service helps employees, as well as employers.

Looking ahead, we see challenges from insurers and state/federal funding that threaten the kind of treatments highlighted here. My hope is that all who understand the benefits of such services will help to breakdown mistaken notions and barriers that can interfere with out providing sound and needed care. ■

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developed a very good relationship with his Primary, who is currently nurse Dan Mooney.

Huge Change in Quality of Life

LTSRs are now seen as a dramatically better model of care than large institutions of the past. Clinicians and administrators have visited the Belmont Residence to learn about best practices. "LTSRs are a wildly successful alternative to a state hospital," says Jackie McGrath, who administers the program and was integrally involved in its development.

Most patients arrive with a low potential to move out of the unit, and many will live out their lives there. (The census at the Belmont Residence includes older patients who were institutionalized at Byberry as children as far back as the 1930s.) A few, though, are able to transition to nursing homes or community placement.

"Some do move on and graduate. We've had some real miracles," says Glaskin. And though Charles will likely remain at the residence, he is still counted as such a success. The staff arranged for him to have cosmetic surgery, to correct his early self-disfigurement, and he is now increasingly comfortable with his appearance. His paranoid schizophrenia is under good



The 36-bed residence is in a renovated, former nurses' dormitory on Einstein's Germantown campus. Here, a detail from one of the patients' individual dorm-style rooms, which they make their homes.

enough control that he can go on shopping trips with his cooking class, as well as vacations to the shore and to the mountains with his fellow patients.

"If, instead of locking these people up, you give them a life, you'd be amazed at how human beings can blossom," says Glaskin.

To contact the Belmont Residence, call 215-951-8990. ■

Unique Medical and Geriatric LTSR

The Belmont Residence has a 16-bed unit for patients under 65, and 20-bed unit for patients over 65 – the only such geriatric LTSR unit in Philadelphia. In part through the care of internist-gerontologist, Richard Grant, MD, the Belmont Residence is, according to McGrath, "an oasis in what's available for patients who are chronically ill both medically and psychiatrically." ■

Great Care, Great Training, in Resident-Driven Program

Medical assistance patients don't often get the benefit of care from a highly trained group of psychiatrists in an accomplished and respected academic department. In addition, few outpatients today find a staff offering a spectrum of therapies, with individualized treatment regimens managed by a single clinician. Furthermore, not all psychiatry residents receive broad-minded postgraduate training in close collaboration with exceptional academicians. Jefferson Health System's Adult Outpatient Services in Center City, and the adult outpatient services at Belmont Behavioral Health's centers on Ford Road and the Einstein campus, offer an alternative.

Two-thirds of the program's patients come through Community Behavioral Health (the Philadelphia County HMO). Each of them, as well as the other privately-insured or self-pay patients, enjoy care from a team consisting of 3rd and 4th year Jefferson and Einstein psychiatry residents, overseen by experienced faculty members.

"Our residents are enthusiastic and well educated – and work closely under senior staff," says Salman Akhtar, MD, who directs the service at Jefferson. "These young doctors are getting first-rate training as they offer a quality of care that is often difficult to access in the community."

Like other components of the Jefferson Health System's outpatient adult psychiatry services, these particular programs match interventions to each patient's needs, be they short or longer term, weekly or intensive, psychodynamic, behavioral, or interpersonal therapy or pharmacologic treatment.



A resident sees each new patient for one to three visits, of an hour or two, to comprehensively ascertain the person's medical, family, and behavioral health history and condition. The Adult Outpatient Service team meets weekly to review assessments, assign patients, and discuss ongoing cases.

"One of our strengths is that we are not wed to any one approach but to whatever is most effective for the individual," says Gregg Gorton, MD, associate director of the Jefferson program.

Residents work with experts from many fields, including psychologist Charles Thornton, PhD, who offers a variety of testing techniques, and volunteer faculty member Thomas C. Benfield, MD, an authority in psychopharmacologic regimens, who serves as a weekly consulting resource for the residents. "Our care is at the leading edge of current treatments," notes Akhtar, who is also a formally trained psychoanalyst.

Whether patients are students, professionals, or CBH referrals, each receives all care – both drug and talk therapies – in combined treatment by a single psychiatrist. Akhtar and Gorton point to research confirming the advantage of keeping these two clinical functions with a single provider. Residents meet

with their clinical supervisor for several hours per week, reviewing the status of each assigned case, and going over charts and session tapes.

Residents and faculty members use one-way mirrors to observe each other in action in assessments and therapeutic sessions (always with patient consent). And the clinical supervisors are available around the clock.

Says Gorton, "The quality of the care on this service is so high that I wouldn't hesitate to send my closest family member to it."

To contact the program at Jefferson, call 215-955-8420. For adult outpatient services at Einstein, call 215-456-7240; at Belmont, call 215-581-3774. ■

Increasingly Valuable, Multi-Faceted Employee Assistance

Research, including by the U.S. Department of Labor, indicates that for every dollar spent on an employee assistance program (EAP), an employer saves many times that in benefits and human-resource dollars. As a result, EAPs remain a growth industry, at least for servicing medium and small employers who may not have used an EAP in the past. MLH-Behavioral Health's FirstCall™ is filling this role for organizations of all sizes, including the Jefferson Health System and external clients.

This successful EAP has created a comprehensive website detailing its program from the perspective of employer, employee, and behavioral health provider: www.FirstCallEAP.org. The site includes a downloadable, five-minute, Power Point presentation used to explain EAP benefits to the employee (click "Online Orientation").

"Our EAP program goes beyond behavioral health services and includes legal and financial counseling, help in finding elder or child care, and other extended assistance," notes Paula deLong, Director of FirstCall.

As true for most EAPs, though, the core of the program is a confidential employee call-in number for help with issues of mental health, substance abuse, relationships, or work-related problems. FirstCall's staff counselors meet with employees or family members regarding their needs. If the individual should need additional care, the counselor will make a referral within the employee's health coverage.

The FirstCall staff offers counseling in offices in Center City (Jefferson's campus) and at Bryn Mawr Hospital. A network of subcontract staff providers counsel at other locations, including at Einstein and Belmont.



FirstCall has worked with employers since 1985 on comprehensive approaches to employee assistance. Services include family, work-place, and management interventions and mediation; crisis briefings; diversity training; and stress management. Here, a FirstCall staffer leads a team-building program.

"We emphasize prevention and early, short-term intervention," says deLong. No information on employee counseling is released to anyone, including the employer, unless the individual is a management referral and signs a "Release of Information to Employer" form.

Employers subscribe on a flat, per-employee basis. Thus, to gain the most benefit and cost savings – in increased attendance, productivity, retention, and reduced insurance costs – the employer must encourage use of the service.

"Despite the obvious types of return on investment, an EAP is also an excellent step in employee relations for any organization," notes deLong. "It's free and convenient for the employee, and our surveys show that those who use the service are grateful for it."

To contact FirstCall by phone, call 800-382-2377. ■

Happenings

- *Salman Akhtar, MD, Jefferson, received the Harry and Page Laughlin Award for Excellence in Psychoanalytic Teaching from the American College of Psychoanalysts and the American Society of Psychoanalytic Physicians.*
- *The APA will induct Karl Doghramji, MD, Jefferson, and Marc Zisselman, MD, Einstein, as Distinguished Fellows at the APA annual meeting.*
- *Staff and community members – including Philadelphia's Deputy Commissioner for Mental Health – celebrated the opening of Einstein's new Crisis Response Center for emergency psychiatric services. Now located at Germantown Community Health Services, the CRC has expanded public, treatment, and staff areas. The CRC began accepting patients on Monday, April 28. Valorie Haves, MD, new Medical Director of the CRC, has extensive experience in directing psychiatric emergency services, having done so for Mercy Hospital in Philadelphia and for Pennsylvania Hospital's Hall-Mercer Division.*

Behavioral Health News is published by the Jefferson Health System to provide health professionals with information useful to them in patient care, research, and education.