



## Sierra Sacramento Valley Medicine

Vol. 60 / No. 3 - May / Jun 2009

### Do Not Go Gentle into That Good Night



By John McCarthy, MD

#### **Why give mental health funds to a county government that doesn't provide care?**

I work with very much the same population of mentally ill patients, except that I do so in the drug treatment system. I know how intractable problems in the mental health system are by virtue of trying to get access to care for our patients with "co-occurring disorders."

I have participated on a county-organized Co-Occurring Disorder Committee over the past 2-plus years, where everyone agrees that the current system of county managed care does not meet our patients' need. There has been some glacial progress in cross training staff in both systems to recognize and refer co-occurring disorders, but the most measurable outcome has been extreme frustration at the barriers to system change and inability to adapt and meet obvious needs.

Sacramento County's mental health system is a failed system in spite of the best intentions of all involved, and it was failing long before the budget crisis.

It has an enormous administrative overhead that uses treatment dollars to shuffle paper, which requires paying unnecessary administrative salaries.

It has a no show rate of 60 percent that has been chronically accepted as "the way things are." We run a psych clinic in our narcotic treatment program, and we have a missed appointment rate of 20 percent. We treat the patients where they are and where they want to come (to the limited extent we can do this with zero mental health money).

And we have a model that is truly cost effective because it treats two problems with minimal psychiatric administrative overhead and uses one cross trained counselor and one physician - not two of each in parallel systems. There is broad agreement that our model is more efficient and gets people the care they need, but there is no ability to change anything. So we have paralysis as the governing paradigm and the current collapse as its logical outcome.

We are now watching the county mental health system go into a prevent defense (preventing patients from accessing care as the primary administrative goal).

A patient we referred to the county "Access Team" (gatekeepers of the mental health system) brought us a form letter denying him care for his recurrent major depression. There were four boxes on the form detailing reasons for excluding people: you were not sick enough to be eligible; you don't have the right

diagnosis; you are hopeless and our services won't help you; or your mental health needs can be provided by a physical healthcare provider.

Handwritten at the top of the form was a doctor's name and number. I called him and he knew nothing about being on a county referral list and was not taking new mental health patients.

The patient had no "physical healthcare provider," so this "referral" was bogus. Of course the idea of dumping the mental healthcare needs on the collapsing primary care system is also bogus.

Since community psychiatrists were taken out of the treatment system, access to the mental health treatment has been burdened with barriers and hoops not negotiable by those most in need - especially excessive delays of months in getting to see a doctor, in a system with a 60 percent no show rate!

Now, with our budget crisis, the barriers are becoming absolute. We need to get the county out of the managed care mental health system and allow doctors in the community to experiment with new models of care. We can develop private models of care, as we have done at Bi-Valley, which can deliver services instead of denials and bogus referrals.

I am not criticizing the efforts of county mental health staff who genuinely have tried to work within the system to create access to care, to try to make it work. I have long time friends and colleagues in that system, including Dr. Riskey, who would love to be part of an effective model of care.

But I am criticizing the system of mismanaged care by paralyzed and inefficient County and State beaurocracy. If \$203 million is being spent on a system of denial of care, then maybe we need to go to patient advocate attorneys and take the case to court.

If the system is both rejecting those in need and barring psychiatrists from meeting that need, then that system, to reverse Dylan Thomas's admonition, needs to "go gentle into that good night".

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