Folks,

Below my name, some thoughts on a recent Baltimore Sun article on mental health including substance use resources in Maryland.

Recently published guide on use of antipsychotics to treat agitation or psychosis in patients with dementia [hard copy costs, $65.00] can be pulled up free at

http://psychiatryonline.org/doi/book/10.1176/appi.books.9780890426807

Some of you have said that Sentinel's 117 on where to find the waiting-room document on non-discrimination did not work, so I'll try again:

samhsa.gov/shin/content//SMA16-4971/SMA16-49

Sentinel #117 outlined Congressman's Murphy's non-discrimination [parity] legislation. Bill Hudock has noted three important points when thinking about what it might bring and what it will not:

1] The federal law creates no mandate for coverage or assurance that existing coverage be comprehensive.

2] Many insurance policies limit coverage by diagnosis and/or type of treatment.

3] The parity law has been a step forward, but it does not fully address all aspects of the construct of parity that many advocates, providers and consumers expected.

In a pharm supported talk this month, Robert Post pointed to importance of achieving full response with MDD. It is important, not only to address the immediate symptoms, but to reduce chances of mortality and dementia in the late years. Talk focused on usefulness of l-methylfolate as an adjunct for MDD.

Integration/interoperability has been a goal in mental health since the 1960s, but we keep seeing, "mental health and substance use." One would think that the expression should be "mental health including substance abuse."

Sometimes it helps to remember the rare options. At this year's APA Annual, some reminders:

1] Marchiafava-Bignami disease is characterized by demyelination of the corpus callosum, mostly found in men with alcohol use disorder and malnutrition. The onset of the disease may be sudden, presenting with stupor, coma or seizures, while some may present with gait abnormality (spasticity), psychiatric problems, hemiparesis, aphasia, apraxia and incontinence with resultant high morbidity and mortality rates. The diagnosis can be confirmed with the specialized MRI technique tractography.

2] Anti-N-methyl-D-asparate (NMDA) receptor encephalitis is characterized with a wide range of neuropsychiatric symptoms, including depression, behavior changes, psychotic symptoms, mutism, stereotypical behavior, dystonia, verbal reduction and seizures. These cognitive and behavioral deficits can be challenging to manage, and delayed treatment may result in long-term sequelae, such as movement disorders. Spinal fluid usually has anti-NMDA receptor antibodies. Treatment is Intravenous immunoglobulin.

More from APA Annual in future Sentinels.

Roger

Last week the Baltimore Sun had an article on the problems arising from a lack of public psychiatric beds in Maryland, which have decreased from 3,000 to 960 from 1980 to today. I'm guessing that is a decrease from 8-10,000 in the mid-1950s. Beyond the 960 in beds, we can say many are in jails, in prisons, in ERs, in shelters, and on the streets. We should also point out that more are well served in the community and in the private sector than in past decades. In my experience, the most powerful player in this arena is the courts, but a court usually only changes the priorities, not the overall outcome. In Virginia, the judiciary sounds harsher, threatening jail sentences for not providing a bed for a given person. [At Saint Es, I used to warn some of the more righteous psychiatrists to take a toothbrush with them when heading for court].

The Baltimore article seem to suggest all solutions will cost more money. We don't want to suggest there are any easy solutions, but two thoughts come to mind:

1] Emphasize healthier life styles.

2] Increase acceptance and use of long-term injectable.

There was a time when there was no shortage of beds per se. Saint Es always admitted whoever met the legal requirements. We might put five beds in a room meant for two. We might have the patient sleep on the couch in the day room. The law as to who should be admitted took priority over any standard of care. To handle the overcrowding required a regimentation that was miserable for many a patient.

When discussing how bad things are for the mentally ill today, we always want to be sure not to imply they were better in the past. Those of us who have been around a while need to make this point. There is no place for nostalgia.