CONNECTICUT PSYCHIATRIST

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Psychiatrists Do So Much More Than "Medication Management"

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There is more to a psychiatrist doing "medication management" in an adult outpatient program than many people might think. Over the past 8 hours, I saw 18 patients. They had 62 psychiatric, substance use, and medical diagnoses. They were each prescribed medication, in a scientific and rational manner, although with many potential side effects and many interactions with other medications. There are many patients who need far more than medication management and they remain my responsibility.

Recovery from serious and persistent mental illness requires many well-trained people with a variety of skills. Those who provided support for today's patients include therapists, case managers, nurses, primary care practitioners, supported employment specialists, and medical assistants. All their activities must be coordinated to support each patient's individual recovery by psychiatrists such as myself, nurse practitioners and collaborating program directors working under their supervising service directors. When I walk out the door at the end of the day, I feel pride in my role managing all this activity, knowing that not everyone, even with my credentials, could do this.

Driving away from the mental health center, I step on the gas and merge onto 384 Westbound toward home. Dodging intermittent afternoon traffic, I can't leave behind the most vexing patient of the day. It seems that she's riding in the back seat. This middle-aged woman overdosed on sleeping pills last week and was hospitalized briefly. I've known her for nearly a decade and there is a trusting relationship between us that never fails to generate the occasional surprise.

Last year, she began abusing her anti-anxiety medication. At the same time, she surreptitiously pleaded with our primary care nurse to find her a safe place because she was terrified of her son's angry outbursts. Then, just as quickly, she returned home to him and insisted that he would never harm her. The patient's overdose occurred shortly after she returned home to live with her son. It would take more than a medication adjustment to fix this.

The type of complex coordinated approach required here is not medication management, it is closer to leading out a regiment. Dialectical behavioral therapy for her affective lability and suicidal impulses. Exposure therapy for the trauma she experienced at home. Case

management to provide resources and keep her safe. Substance use treatment for her abuse of sedative medications, marijuana, and tobacco. Primary care for her diabetes mellitus that was exacerbated by stress. Supported employment to provide some independence.

I spent 15 minutes with this woman today in my office and my agency was paid $75 dollars for my time. This might be fair compensation for managing someone's medication. It does not even begin to cover the coordination of a multifaceted operation responding to a complex situation like this.

That is why she is still on my mind when I pull into our driveway. My wife, my daughters, and several friends are splashing about in the pool, shouting at me to join them. I have a great life.

Not everybody does. I'll be back at it tomorrow, but our work is far more complicated and involved than "medication management."