

There's no quick cure for ailing mental health system | Opinion

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The 21st Century Cures Act aims to “help modernize and personalize health care, encourage greater innovation, support research, and streamline the system to deliver better, faster cures to more patients,” according to the act’s mission statement.

The legislation is a step in the right direction, but some problems are beyond dollars and cents.

Our most mentally ill still have the least chance of getting well.

Seasoned clinicians, citing administration hassles, low pay and poor working conditions, don’t do hospital work anymore. This, and the fact that only half of the psychiatrists in this country take insurance, keeps our most troubled from getting continuity of care with a physician most likely to help them.

Then there’s the shortage of psychiatrists — only 10 doctors per 100,000 people.

Shrinking reimbursements for services and man hours spent on painstaking prior authorization requests, etc., have made psychiatry so difficult, students in med school see it as a discouraging specialty.

There’s also an uncomfortability with how it’s being practiced. Doctors used to be compensated for time spent speaking with their patients. Since psychopharmacology replaced talk therapy, these days, shrinks can only bill for 10 or 15-minute medication management sessions.

How can you medicate someone you don’t even know?

Inpatient patients in perpetual crisis are laughingly labeled “frequent flyers” and tossed around from doctor to doctor in a horrendous game of hot potato.

Their meds are changed so often they never have a chance to see if they work! In mere days, they’re released and told to patiently wait until they feel better.

This isn’t fair. A medication attempt has only a 30 percent chance of working. (If the patient is on the doctor merry-go-round, their chances of recovery are even less). When the “mistreatment” fails, the patient behaves bizarrely, and ends back up back in the hospital. They spend a few

minutes with whoever's on call and *voila!* — they get a completely different diagnosis and brand new drugs. No wonder they despair of ever feeling better.

I have friends in assisted living facilities and nursing homes who are stuck with whoever makes house calls. They complain saying, “Doctor So and So doesn't know what he's doing.” They've been professional patients for decades, so it makes sense they know more about their condition (s) than the treating physician, who doesn't listen, spending the least amount of time with them as he can to move on to the next.

Never mentioned is the permanent, Parkinson's lookalike side effect of tardive dyskinesias, a disfiguring, disabling and disturbing disorder that involves involuntary movements, most often of the lower face.

The National Alliance for Mental Illness states a TD incidence rate of 30 percent to 50 percent after long-term exposure to antipsychotics, even to the newer “atypicals” whitewashed as “helpful for depression.”

It took me three years and eight neurology visits to attain symptom management. That's only because I had money, a supportive significant other and transportation, not to mention resilience. I was labeled as a drug seeker, psychosomatic and a “walking lawsuit.” I was repeatedly told I'd never get better.

Refusal of these causal drugs is not further proof of a patient's disturbance. They see it as the lesser of two evils. Money won't fix this.

Doctors, even top neurologists specializing in movement disorders refuse to answer questions, ashamed to admit they don't know. The silence has made TD all the more terrifying to patients.

Sure we need funding. But a candid conversation, transportation and access to high-level neurologists would help keep our mentally ill safe and well.

This goes way beyond cash.

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