California Medicine April 1965

The Private Psychiatrist in a Community Mental Health Program

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■ *The apparent line of separation between public and private medical communities is less a mutually exclusive one than it is sometimes assumed to be. A community consultation service in a major metropolitan community has served as a means for the involvement of the private medical community in a county mental health department program. This service at present utilizes 92 private psychiatrists to provide consultation to 71 agencies, public and private, throughout the county. Despite administrative problems, it is felt that the involvement of the private practitioners has broadened the county mental health department's services and at the same time has increased the professional sophistication of the practitioners. It has served as a demonstration of the feasibility of a working partnership of private and public resources for the betterment of the community's mental health.*

CURRENT POLITICAL EVENTS have intensified the concerns of physicians about the divisions between public and private medical care. Most physicians see a valid function in society for public medical programs of various sorts, but they resent the attempts of government to intrude on what they see as their own legitimate sphere of activity. The dichotomy is highlighted in the field of psychiatry because of economic as well as social factors. Since this is a time of reorganization of public psychiatric services, it is easy to see them as related to the current conflicts between private medicine and government out of proportion to the realities of the situation. The isolation of the traditional state hospitals from urban communities has added to the separation of public psychiatric programs from the mainstream of private community medicine.

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Based on a paper presented at the section on Community Psychiatry of the Western Divisional meeting of the American Psychiatric Association, September 26, 1963 at San Francisco.

Submitted March 10, 1964.

and a half at the agency) has made it possible to utilize private psychiatrists of broadly varying skills and areas of specialization and of greater experience and seniority, who would not be available for block-time appointments.

The very existence of this large program has stimulated an interest in agency consultative work. Many psychiatrists prefer to spend some time away from their practices to receive a different kind of stimulation than that received from psychotherapeutic work. Others, initially reluctant to become involved in community consultation work, have become so enthusiastic as a result of their experiences in it, that they have made this kind of work into a major professional investment for themselves. Comments are frequent about the broadening of awareness and the interchange of ideas with other care-giving disciplines. Certainly the variety of agency functions offers this opportunity. The spectrum is broad and includes consultation to schools, children's residential facilities, probation departments, health departments, family service agencies, adoption agencies, maternity homes and others.

Such a program presents the medical administrator of the Mental Health Department with problems peculiar to such a decentralized consultation service. The consultants, not being members of the Department's full-time or block-time staff, are not able to maintain an ongoing awareness of the overall directions of the program, or of the Department's day-to-day problems and development. Communication between the Department and the consultants is time-consuming and far from ideal. Programs of in-service training are hard to schedule and evaluate. Matching of agencies and consultants requires phone calls, visits and often complex schedule adjustments by all concerned.

We have attempted to evaluate the effectiveness of the program by means of forms filled out by each consultant and each consultee (or consultee group) after each consultative session. We have also spent some time visiting and talking with both consultants and consultees, and in evaluative institutes and meetings with both groups. Our conclusions from this are still tentative and more in the form of clinical impressions than objective measurements. They indicate that the program is of definite value to the consultees by their own appraisal, but the value to the clients is much harder to measure. Our plans include a more objective approach to evaluation of this program in the future.

Future Perspectives

The County Probation and Mental Health departments already provide a small amount of direct clinical service by private psychiatrists, on a contract, fee-for-service basis, for cases in which such service cannot be provided by a clinic directly. It is felt that these services, provided to emotionally disturbed, delinquent youths, have been valuable in decreasing recidivism. A controlled study is now being carried out to attempt objective measurement of such benefits. If this program can be demonstrated objectively to be more effective in prevention of recidivism or similar problems of such youths, it would provide another locus for expansion of the involvement of private practitioners in the program.

There are other, yet undeveloped, ways in which private medicine can be involved in a public psychiatric program. One approach contemplated for the future is the use of private psychiatrists as consultants to private, non-psychiatric physicians on treatment of emotional problems in the non-psychiatric physicians' practices. This approach is viewed as an educative device rather than as a direct clinical service program. Consultative services in the traditional medical sense (involving psychiatric evaluation of the patients by psychiatrists) would be done as a function of private practice. The only service provided at public expense would be consultative discussion between consultee physicians and psychiatric consultants. A problem to be resolved in this regard is whether the continuing medical education provided by such a program is properly a charge on public tax funds, or whether some other form of funding should be developed. The interest of the privately practicing non-psychiatric medical group in such a program would, of course, be the prime determining factor in its success or failure.

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However, the current shift to the communities of the public psychiatric programs, at least in California, is a force in the direction of increasing integration of public psychiatric program with private psychiatry. Development of public psychiatric programs in urban communities offers an opportunity to involve private physicians in the public programs and to bridge some of the lines of separation. The County of Los Angeles operates a local mental health program under the provisions of California's Short-Doyle Act. One aim of this program has been the promotion of a closer working relationship between the public services and the private practitioners in the county.

The Consultation Program

One approach to this has been afforded by the mental health consultation program. This program is designed to provide consultation to governmental departments that want and need it, and also to private agencies whose efforts to help people in emotional crisis can be facilitated by consultation.

The concept of mental health consultation is a relatively new one to many physicians and should perhaps be clarified for this reason. It is quite a different process from what physicians ordinarily think of as "consultation." The usual medical form of consultation is a matter of one physician asking another to see a patient in order to evaluate some aspect of the patient's condition with which the consultant is particularly qualified to deal. Mental health consultation is quite different, since the consultant in this process does not ever see the patient. Mental health consultation developed out of the fact that psychiatric illnesses are intimately related to problems of human relationships, and that many kinds of professional persons other than psychiatrists provide help to people with such problems. General physicians, other medical specialists, clergymen, social workers, psychologists, counselors, probation officers and teachers (as well as many others) are faced with problems of human relationships in varying degrees, up to and including frank psychiatric illness in their clientele. The capacity of professionals in these categories to help people with psychiatric problems is related in part to the opportunity for them to discuss thorny cases and problem areas with more intensively trained psychiatric professionals. Such discussions, even where the consultant has no direct contact with the disturbed person, have been found to enhance the effectiveness of the non-psychiatric professional.

A program of such mental health consultation was one of the first new services instituted by the Los Angeles County Mental Health Department after its formation in 1960. The program has grown in size since its inception and now has a considerable influence on the agencies in the county. Some parts of this program can be accomplished effectively only by full or half-time consultants; but the greatest part of the program serves many agencies spread over Los Angeles County, each agency having only a small amount of consultative time provided. This latter requirement provides an opportunity to involve private psychiatrists in community mental health service. The greater cost of paying a fee-for-service rate has been offset by (1) the saving of travel time which would have been necessary if consultation were provided by block-time county physicians, and by (2) the opportunity to recruit consultants of broadly varying skills and interests.

The provision of public services within the context of private medicine serves as a demonstration of the essential consistency of these two concepts. Finally, the program stimulates interest and increases skills in community mental health consultation in a large number of the private psychiatrists in the county. This benefits the County Mental Health Department, in that more interest and skill in community mental health activities increase the likelihood of recruitment of psychiatrists into other aspects of our program. It is of benefit to psychiatry in general—and ultimately, to the medical profession as a whole—in that it encourages psychiatrists to be less parochial in their practice of psychiatry and to involve themselves more in the general community. Perhaps psychiatrists who participate in programs such as this might in time become more involved in general community medicine. It is our impression that to some extent this has occurred.

Of our present group of 92 consultants serving 71 agencies, both governmental and private, only a few have had previous experience in consultation. From the point of view of involvement in community medicine, the private psychiatrist often travels the following course. Upon graduation from residency training he works full or part time for a year or two in treatment or diagnostic programs, until his private practice has developed to the point that he can spend full time in his office. He has usually worked in block-time positions which he likely will not resume later because of the pressures of his private practice. Just when he achieves enough clinical experience to be an able consultant to an agency, he has become most heavily committed to his practice. He does volunteer his time for teaching assignments and speaking engagements, but these activities make him even less available for other community work, especially work without remuneration.

The introduction of the consultation program as designed by the Los Angeles County Mental Health Department with its per session service (remuneration is by the session, a session consisting of an hour