

New facilities, treatments bring renewed hope to thousands

by Dale Short

07.27.14 - 09:00 am

Little more than a generation ago, the terms “mental illness” and “treatment” were rarely used in the same sentence. There were state-run facilities for the mentally ill—Bryce Hospital in Tuscaloosa for whites, and Searcy Hospital in Mount Vernon for blacks. But their critics had a different name for them: “warehouses.”

And with good cause. Bryce, for example, had 5,200 patients in 1970. The staff consisted of one nurse for every 250 patients, one physician for every 350 patients, and one psychiatrist for every 1,700 patients.

And Alabama was more the rule than the exception. A Milledgeville, Georgia, facility had the dubious distinction of being in the Guinness Book of World Records as having the world’s largest cafeteria, which could feed 5,000 of its 8,000 residents at a single sitting.

“These facilities were like cities within themselves,” says Dale R. Cottle, Ph.D., executive director of the Northwest Alabama Mental Health Center (NWAMHC), with headquarters in Jasper. “If people with problems were sent to them as children, they might be there for the rest of their lives.”

But the untenable situation only came to a head after a growing number of lawsuits culminated in a suit known as “Wyatt vs. Stickney,” in which the family of Bryce resident Ricky Wyatt agreed to serve as a test case for other patients living under inhumane conditions. (Ironically, Wyatt was not even mentally ill, but had been kicked out of a children’s group home in Selma for behavioral problems.)

Alabama Judge Ira Dement, who worked on the Wyatt case as an attorney, recalls that “Anybody who was unwanted was put in Bryce. They had a geriatric ward where people like our parents and grandparents were just warehoused because their children didn’t want to take care of them in the outside world. They weren’t mentally ill. Bryce became a mere dumping ground for socially undesirables, for the severely and profoundly mentally ill, and for geriatrics.”

The Wyatt vs. Stickney lawsuit resulted in a landmark ruling ordering Alabama to revamp its system and move each patient to a “least restrictive environment” setting for their care, a process that wasn’t completed until 2003. One of the offshoots of that revolution was the creation of a number of community mental health centers throughout the state, of which NWAMHC is geographically the largest—encompassing more than 40 locations across Marion, Winston, Lamar, Fayette, and Walker Counties.

“We provide a whole continuum of care for folks,” Cottle says, “including

inpatient treatment here locally. There are group homes and apartments where we provide meals and supervision, take residents to the grocery store, to the doctor, and they're able to live independently.”

The history-changing lawsuit aside, Cottle says the other significant factor in improved care are recent advances in medicines that have brought about a new day for the millions of Americans — an estimated one in every four — who will deal at some point in their lives with a mental disorder.

“The problem with the older drugs,” according to Cottle, “the neuroleptics, which first helped get people out of institutions, is that they affected the whole brain.” Many of them served largely as tranquilizers, which relieved some of the burden on caretakers but were of little use in helping patients return to more normal, productive lives.

By contrast, Cottle says, “the newer drugs, the atypicals, work on very specific sites, specific neuroreceptors in the brain” and can be fine-tuned to treat different problems.”

What did our mentally ill ancestors do, before even the most basic medicines were developed? “They either hid their illness,” says Cottle, “or got locked away and classified as ‘eccentric.’ Or else their families kept them away from everybody.

“And the same was true of developmental disabilities, mental retardation. Families didn't realize what they were dealing with, but fortunately that doesn't go on as much any more.”

NWAMHC, for example, offers programs ranging for patients as young as 3, up through the geriatric contingent.

While facilities such as Bryce and Searcy have closed, the public stigma associated with mental illness still lingers.

“While that aspect has improved over the years,” according to Cottle, “it's something that still needs to be worked on. Many people still see psychological problems as a weakness within the person, rather than a disease that manifests itself in different ways.

“Being bipolar, for example, is in some ways the same as being a diabetic. It can be managed, but it takes work and the right treatment.”

One recent development in NWAMHC's services is the process of “tele-psychiatry,” or the use of video conferencing which allows rural patients to be evaluated by a psychiatrist in Birmingham to help determine whether a particular problem requires outpatient or inpatient care. Another new avenue is the addition of a “peer specialist” to its staff: a person with a mental illness who has gone through the system and has recovered. “This employee can talk with consumers,”

says Cottle, “and tell them, ‘You can do this. I’ve done it, I’ve been there.’ It’s the same kind of concept as a veteran who’s been in combat. The peer specialists are a movement that’s going on in Alabama right now, and I’m glad that we can be a part of that.

“The disorders are manageable, but there are things you can do and things you can’t. For example, if you have a serious mental illness it’s probably a good idea for you to avoid drinking or doing drugs, on top of that.

“But the main thing people need to know about us is that we’re here, and we can help. We’ve put a lot of time and energy into making sure that people don’t have to wait months to see somebody. If we get a phone call, they can be seen that day. And we have an answering service that takes calls anytime.”

As for the future, says Cottle, new medical research holds much promise for patients with mental illnesses:

“At present, patients often have to try several different medicines to find the right one. So the next great step in treatment will be a test to know what specific neuroreceptors are impacted by the different types of brain diseases. I think it’ll happen in the next 10 years, and it’s an exciting development for us to look forward to.”

Dale Short’s e-mail address is dale.short@gmail.com

© mountaineagle.com 2014