

“Closing the Revolving Door”

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Ms. A was a fifty-six year old African American woman who looked much older than her records indicated. She was mildly obese and partially edentulous, with white streaks dispersed throughout her black, kinky hair, which was pulled clumsily into a pile on top of her head with a brown rubber band. Her clothes were mismatched, torn, and not quite as dirty as her hands, which were covered in ulcers and scars. The offensive odor emanating from her body was unmistakable; she smelled as if she'd been living on the streets for quite sometime.

As I entered the room, her eyes lit up and she immediately exclaimed, “hello, Dr. Kendra!” I had come to interview her for her admission into the state psychiatric hospital at which I was rotating as a medical student. But she recognized me from many years prior when I'd worked at a different hospital as a psychiatric technician. I knew this lady all too well. I first met her years ago when she'd been brought to the hospital by the police for walking in and out of traffic and making threatening gestures to passersby. She was diagnosed with paranoid schizophrenia and after a few weeks she was stable enough to be transferred to one of our longer term units. A few months later she was discharged from the hospital with a month's supply of medication to a nearby group home.

Two weeks after her discharge, she appeared again in the acute/admissions unit where I worked. This time she had been arrested for urinating in public and assaulting a police officer. After a few weeks, we transferred her to another unit, and she was discharged not long after that. And so the next few years of our relationship continued. She would be admitted, stabilized on medication, and discharged into the community. Not long after being discharged, she'd stop taking her medications, deteriorate rapidly, and be picked up by the police and brought back to the hospital.

Unfortunately, Ms. A's story is not unique. I could describe hundreds of cases that I've seen over the years that are quite similar to hers. Mental illness, and schizophrenia especially, is a devastating disease. It can be very difficult to treat, and often times patients face a chronic, deteriorating course. As a psychiatric technician, and now as a medical student on a psychiatric rotation, I've watched mental illness ravage peoples' lives. It destroys them both mentally and physically. Marriages are ruined, families are torn apart and careers are destroyed. Schizophrenic patients very often end up homeless, jobless, and deserted on the streets. This “downward drift” phenomenon, as it is often called, sometimes appears to be a certainty rather than a possibility.

As I've watched particular patients come into the hospital, leave, and eventually return, I've often thought of the analogy of a revolving door. The patients are simply stuck in between the glass, rotating around forever, without ever making their way out for good. I've racked my brain to devise new ideas to approach this revolving door phenomenon. One obstacle that I've noticed is a lack of support in the community. One of the reasons patients stop taking their medications is because no one is following up on them, and they are not being properly monitored. They simply fall through the cracks. There are many other obstacles involved, but this seems like a rather obvious and tangible one.

There is another interesting side to this story. A WHO study (link:

http://www.ncbi.nlm.nih.gov/pubmed/4656537?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVBrief) found that patients with schizophrenia tended to have a better prognoses in developing countries, even though they found the prevalence to be almost identical throughout the world. While there may have been some methodological problems with this study, the discovery is nonetheless significant. One reason for this difference that has been posited is that the family structure in developing countries tends to be distinctly different from that in more developed countries. The countries with better outcomes tended to have more supportive and closer-knit families.

I've spent some time pondering this difference and I wonder if we can't use this finding to help improve the outcomes of the schizophrenic patients in developed countries, such as my own. Might we be able to actively increase the support of our patients' families? Might we even be able to create alternative systems, which could foster the same type of caring and supportive environments, which the family would normally provide?

There are still so many unanswered questions. But I hope that we can all continue working towards improving the outcome of our mentally ill. As I've jokingly told Ms. A before, I hope to never see her again, in the hospital that is. I'd like to think that one day we could finally close the revolving door to her, and to all the others who share her story!