

# Program puts focus on wellness of mentally ill Center brings together aid, support to help clients, lower care costs.

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For 52-year-old Veretta Copeland — who suffers from a mental condition that can lead to psychosis and mood problems — getting sick used to mean a trip to an emergency room instead of a doctor's office.

Now the Douglasville resident can get physicals, flu shots and other care at a behavioral health center in Austell. It's where Copeland already comes three times a week for support, where she's learned the value of taking medications and received encouragement to stay off drugs.

Copeland is benefiting from a project that is on the leading edge of experiments nationwide that try to help the severely mentally ill stay healthy by combining mental health and medical care in one location. An estimated one in 17 Americans has a severe mental illness, such as schizophrenia or bipolar disorder that typically requires medications and can impact their ability to function in day-to-day life. They die on average 25 years earlier than other people.

A program such as the one helping Copeland has an impact beyond the people it assists — many of whom are uninsured. If the program keeps their chronic illnesses, such as diabetes, in check and prevents costly emergency room visits and hospitalizations, hospitals are less likely to shift those costs to paying patients.

The Four Corners program in Austell is a collaboration between the Cobb and Douglas Community Services Boards and West End Medical Centers. Whether because of a lack of transportation, no insurance or another reason, primary care that can help treat chronic diseases has long gone neglected for people with severe mental illness. By bringing both types of care under one roof, program director Debbie Strotz hopes to change that.

"It's all part of one system, and one thing affects the other," Strotz said.

Nationally, one in four adults — 57.7 million people — experiences a mental health disorder in any given year, according to the National Alliance on Mental Illness, a nonprofit advocacy group. Roughly 1.9 million Georgians have some form of mental illness, according to state estimates.

People who are severely mentally ill tend to die younger for a number of reasons, including smoking, lack of exercise, poor medical care and a bad diet, said Dr. Ben Druss, a professor at Emory University. Many people with severe mental illness also suffer from diabetes, hypertension, high cholesterol and other manageable chronic illnesses that go uncontrolled without medications.

In a previous study involving medical care management of severely mentally ill patients at Grady Health System, Druss found that by year two, costs for patients who received intervention were on average \$932 less than those receiving usual care.

If someone has not received treatment for high cholesterol, the person could end up having a stroke or heart attack — leading to a much more costly ER visit and stay in the intensive care unit, said Tod Citron, executive director of the Cobb and Douglas Community Services Boards.

Last year, the boards, which provide mental health services, received a four-year, \$2 million federal grant to develop the program and teamed up with West End to set up a physician assistant and nurses at an existing behavioral health center in Austell, which offers peer support, skills training, case management and other services.

"The first thing you feel when you come here is a sense of relief," said Calvin Brown, 28, who was diagnosed with paranoid schizophrenia in 2006.

Now a peer support specialist, Brown helped promote the center's focus on healthy habits and wellness. Earlier this year, the center began serving low-fat pancakes with sugar-free syrup and butter substitute — a better breakfast than the Fritos and soda some people used to have. The peer group also created a cookbook with healthy but cheap recipes.

In the program's first year, more than 370 people received screenings and 200-plus received primary care, and Citron sees the potential for that number to double. Nearly 90 percent reported they had no regular doctor or used the ER for primary care, with many having histories of diabetes and high blood pressure. More than 80 percent don't have insurance.

The goal is for patients to have a medical home where their care is coordinated, Strotz said. More than a decade ago, Strotz often struggled to find doctors for the severely mentally ill people she was trying to help.

“I would take clients to the doctor, and the doctor would only see them as a schizophrenic,” she said.

If medical and mental health services are under one roof, people are more likely to follow through, at times with prompting from staff, said Karen Williams, associate vice president at West End, a federally qualified health center.

While the program has shown promising results so far, finding a way to make it sustainable once the grant ends is critical, Citron said.

It’s a problem facing similar efforts across the country, especially as state budgets continue to shrink, said Dr. Ken Duck-worth, medical director of the National Alliance on Mental Illness. The shift toward payments based on overall outcomes, as opposed to per visit, being spurred by Medicare offers a potential solution, he said.

If the federal health care law kicks in, then many people will have health coverage, Citron said. “If it doesn’t go through, we’re kind of right back at the drawing board.”

*Calvin Brown works out on a treadmill at a behavioral health center in Austell under the guidance of Lorenzo Anderson. Brown, a peer support specialist, comes four days a week.*



*Behavioral specialist Louise Sterling makes eggs and pancakes for clients as part of the peer support program. The expanded focus on integrating the physical and behavioral care needs of clients under one roof includes promoting healthier eating habits and wellness.*



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