

# Maine's Healthcare

**Building  
Healthier  
Communities**



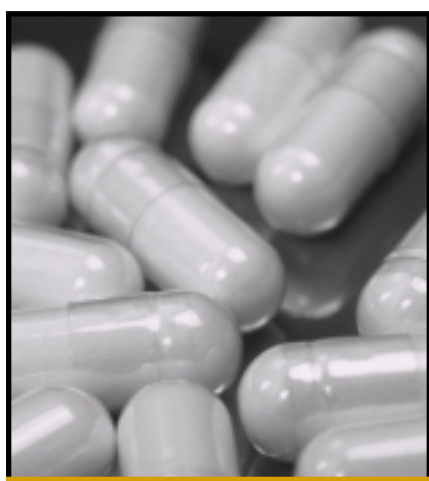
A Publication of the Maine Hospital Association

W I N T E R 2 0 0 3

## Treatments for Mental Illness Change with Times

Amazing. Remarkable. Those are just two words Dennis King uses to describe what's changed in the treatment of mental illness over the past 10 years.

King, CEO of Spring Harbor Hospital, a psychiatric hospital in South Portland, credits improved medications with making long hospitalizations for the mentally ill a thing of the past. The new pharmaceuticals are targeted to specific symptoms and have fewer side effects than older, broader spectrum drugs.



As a result, patients in psychiatric hospitals tend to be sicker than they were in the past, and patients often have dual diagnoses: substance abuse and schizophrenia, for example. Other challenges Maine's psychiatric hospitals face include an aging population, more demand for mental health services and a reimbursement system that often doesn't support outpatient services.

Maine's two community-based psychiatric hospitals, The Acadia Hospital in Bangor and Spring

Harbor Hospital in South Portland, are both nonprofit organizations serving the most seriously mentally ill in their respective regions. Maine also has two state psychiatric hospitals: Bangor Mental Health Institute and Augusta Mental Health Institute. Eight medical hospitals also have psychiatric beds, some limited to adults and some that are for children and adolescents.

Because more patients can be helped faster with pharmaceuticals, Maine's psychiatric hospitals now focus on community-based programs, said Lynn Madden, vice president and chief operating officer at Acadia.

Acadia has a six-bed home called Aspen Ledge in Hampden for children, ages 11 to 17, who are transitioning from hospitalization back to their families, she said. The children attend public school and stay in the program for 180 days.

"It provides a longer term structure and support for them to learn to live with their symptoms," Madden said. "They are much more successful outside of a clinical setting."

At Acadia, part of Eastern Maine Healthcare, a program called Bridges provides a transition for adults with substance abuse problems. Patients can participate in Bridges for up to two years. They pay rent in exchange for structure and community living with people who are experiencing similar challenges in life.

"Frequently (addicts) are homeless by the time they reach our

## Meeting the Needs of the Community

Maine's 38 non-profit, community hospitals provide a wide and growing range of services beyond acute care for the sick and injured.

From daycare for the young and skilled nursing homes for the elderly to specialized psychiatric services for adults and children, Maine's hospitals provide a continuum of health care services.

This issue of Maine's Healthcare focuses on care for the elderly and for those suffering from mental illness. As you will read in the following stories, the quality and effectiveness of care is continually improving as we learn more about both mental illness and the needs of the elderly.

Sincerely,

Handwritten signature of Steven R. Michaud.

Steven R. Michaud  
President, Maine Hospital Association

doorstep," Madden said. "They've burned their bridges. Our program gets them back to work while providing peer support."

Even as stays get shorter, the number of people seeking treatment for mental illness grows. One reason is a

*The new pharmaceuticals are targeted to specific symptoms and have fewer side effects than older, broader spectrum drugs.*

better understanding among the public that mental illness is treatable. Also, as a person ages, mental disor-

ders often become more difficult to control without professional help.

Treatment of mental illnesses often is not reimbursed by insurers at the same rate as medical illnesses in Maine, Madden said. And those illnesses that are covered often are only covered when there's a hospitalization, not when the treatment is residentially or community-based.

Both King and Madden say it is a challenge providing services to children who need them. In many cases there simply aren't enough pediatric psychiatrists available. In other cases, children who are well enough to leave the hospital or residential facility, simply have no place to go.

Maine's psychiatric hospitals are working to alleviate that situation.

*Continued on page 3*



# Program Focuses on Early Detection of Mental Illness

We all know that early detection of illnesses like cancer and heart disease can save lives, but most of us don't realize that detecting mental illness early can also save lives and prevent suffering.

*PIER offers an innovative national model for the early detection and treatment of severe mental illness.*

Spreading that message is one of the goals of Maine Medical Center's Portland Intervention and Early Referral (PIER) program. With its promise of halting the early progression of schizophrenia and other severe psychotic disorders in young people across an entire community, PIER offers an innovative national model for the early detection and treatment of severe mental illness.

Launched in May 2001, PIER combines professional and public education and clinical treatment in an effort to prevent the onset of the psy-

chotic phase of serious mental illness in young people and perhaps stop the illness entirely. PIER is based upon research that suggests that youth, who generally have better brain elasticity, are the most sensitive to treatment for mental disorders at the earliest stages of their illness. That's why the focus of PIER is on young people, ages 12 to 35.

"There is increasing evidence that psychotic episodes physically damage the brain," said Dr. William McFarlane, MD, psychiatrist and researcher at Maine Medical Center. "Repeated over time, this damage can lead to profound chronic disability. PIER aims to prevent that damage before it starts or to intervene before mental illness becomes disabling."

The program's mental health specialists have trained a referral network of primary-care providers, pediatricians, community agencies (including law enforcement) and educators and counselors in area high schools and colleges. The PIER team also educates the public about warning signs and symptoms through an aggressive promotional campaign that has

included advertising in local newspapers and movie theaters.

As a follow-up to their educational efforts, PIER clinicians evaluate and treat at-risk youth referred from the community using a combination of family intervention and education, and medication where appropriate, to prevent further disability.

In its first year of service to the community, PIER received 274 referrals from families, mental health agencies, hospitals, clinics, and schools in the Greater Portland area. Of that number, 27 individuals met PIER's treatment criteria and were still engaged in treatment three months after their referral to the program.

"The lifetime cost of caring for a single person with a severe long-term mental disability is estimated at \$10 million," McFarlane said. "PIER aims to stem that cost while preserving the quality of life for individuals and families experiencing the early onset of mental illness."

For more information about PIER, call toll-free 1-877-880-3377.

## fact 1

In addition to the two private and two state psychiatric hospitals, eight other hospitals have beds for psychiatric patients.

## A Bridge Across the Generations

The retired librarian was clearly unhappy in the nursing home.

"She was very angry and cross with me," recalled Karen Duncan, activities director at the MaineGeneral Rehabilitation & Nursing Care at Glenridge in Augusta.

Then one day, the children from the neighboring Early Learning Center, a daycare center also owned by MaineGeneral Health, came for their weekly visit.

"Instantly, she became a different person," Duncan said. "She wasn't angry about her limitations. She assumed the role of librarian, picked up a book and started looking at it with a child."

By bringing the daycare center children and the nursing home residents together, this Maine hospital creates a bridge between two of its affiliates, one serving the very young and the other, the very old. Besides the Early Learning Center/Glenridge

partnership, there's a similar program at MaineGeneral affiliates Mount Saint Joseph nursing home and the Mountain Valley daycare center in Waterville.

"Our goal is to bridge the gap between the two generations," Duncan said. "Some of the children don't have grandparents who are alive or near by. Our residents become surrogate grandparents to the children. This also gives children exposure to a nursing home setting."

Before the children meet with the Glenridge residents, they learn about disabilities by looking at a wheelchair, eyeglasses and a walker, Duncan said.

"We try to vary our curriculum with sit-down activities and high energy activities," Duncan said, citing bowling and beano as two popular activities.

Besides giving the seniors exposure to children, the program benefits the children too, said Julie Haskell, adminis-



trator at the Early Learning Center.

"I think children exhibit appreciation for the generation gap," she said. "They are so gentle and considerate of the older people. They don't want to leave when it's time to go."

Bringing children in daycare together with elderly residents in nursing homes is one way hospitals are helping to span the generation gap and meet the needs of two client groups.

"To see the stimulation these children bring into the nursing home setting is remarkable," Duncan said. "Their visits take years off our residents' lives, if only for a day."

## fact 2

Maine hospitals own:

- > 60 percent of the home health agencies
- > 19 skilled nursing facilities
- > 17 regular nursing facilities
- > 8 residential care facilities

# Long-Term Care Facilities Can Be Just Like Home

The sound of children's laughter echoes in the hallway. A cat lies in a sunbeam. Nearby, an elderly woman waters a fern, talking to it as she plucks away dead leaves.

Grandma's house? Perhaps. But the very same scene could be playing out in one of the 44 long-term care facilities owned by Maine's hospitals.

As part of their mission to provide the best possible care to the people in their communities, Maine hospitals provide long-term care in skilled nursing facilities, nursing facilities and residential care facilities.

But these facilities aren't soulless institutions. Many of the hospital-owned and affiliated long-term care residences use the latest research on caring for the elderly and those with dementia.

For example, residents at St. Marguerite d'Youville Pavilion, part of the Sisters of Charity Health System, live in a facility with live plants, birds, fish, cats and a dog.

d'Youville Pavilion participates in a program called the Eden Alternative, which is an approach to long-term care that combats what the program's founder calls the real killers of the elderly: loneliness, boredom and helplessness.

Residents at d'Youville are divided into neighborhoods where, together with the staff, they are able to make decisions about the way they live, said Anna Camire, director of therapeutic programs at d'Youville.

Having plants, animals and children around helps give residents a sense of purpose. Being able to participate

in neighborhood decision making alleviates feelings of helplessness that often occur when a person is uprooted from his home, Camire said.



"If people aren't lonely or bored and don't feel helpless, their health can improve," she said.

Sometimes, a facility is designed for patients with a particular diagnosis. The Courtyard, a 24-suite unit in The Anderson Inn at Quarry Hill Retirement Community in Camden is designed for people with Alzheimer's disease and other forms of memory loss. This new unit, part of Northeast Health, parent of Penobscot Bay Medical Center, takes into account a number of state-of-the-art ideas about caring for people with Alzheimer's disease, said Maggie Laughlin, spokeswoman for Northeast Health.

The Courtyard is a secured unit designed to minimize the sense of being confined, Laughlin said. The interior halls are arranged in a circular fashion, so that residents can travel freely, without running into dead ends, something that can be frustrating to them. The doors leading into the fenced, circular wan-

dering garden are unlocked during the day so residents can come and go as they please in good weather.

The Courtyard staff is encouraged to get to know the residents they care for as they would a best friend.

"It might be something as simple as knowing what time a resident likes to start his day or how she drinks her coffee," Laughlin said, adding that staff members record each resident's life story as a way of getting to know the residents and to help them reminisce about their pasts.

Northeast Health also has a long-term care level Alzheimer's unit at The Knox Center in Rockland, where residents are usually in the middle to late stages of their disease and need a higher level of care.

"A lot of TLC is given to the residents of the Alzheimer's unit and their families who are coping with this disease process," Laughlin said. "Family members receive a lot of support and education from our staff and become like family members to the whole facility. If a family doesn't show up for a visit as expected, it isn't unusual for the staff to call and check on them."

Meals are specialized for residents with end-stage dementia, which requires special consistency, finger foods and sweet foods to go along with the more balanced menus. Individuals with dementia favor sweets, Laughlin said.

These are just some of the ways that Maine's hospital affiliated long-term care facilities allow people to enjoy their final days as golden days.

## fact 3

Average Length  
of Stay for Mental  
Health Disease:  
11 days



## fact 4

Average Length of  
Stay for Substance  
Abuse: 5 days

## Treatments for Mental Illness Change with Times

*Continued from page 1*

"We have a number of alternatives in place," King said. "The first is through a partnership with Maine Medical Center, where we offer expanded training opportunities for resident physicians interested in child psychiatry. Another is research Maine Medical Center is conducting to identify and treat the early warn-

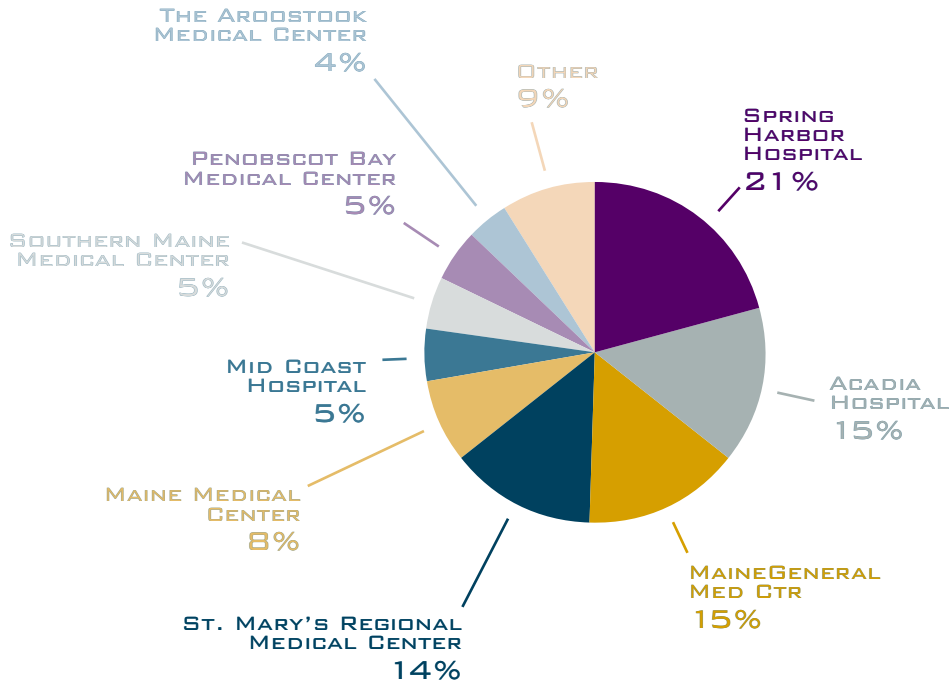
ing signs of severe mental illness in young people."

In addition, Spring Harbor is developing programs and partnerships with other agencies that would support movement to outpatient services sooner. Included are partial hospital and intensive outpatient programs for adolescents

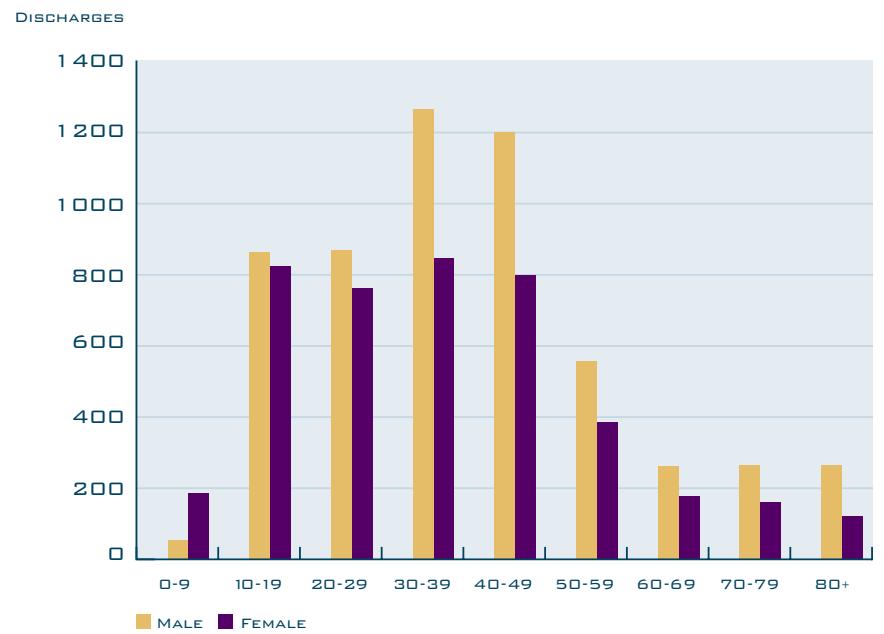
that are due to open in February.

With improved medications and better understanding of mental illness, Maine's psychiatric hospitals are dedicated to treating the whole person and providing quality care for the people who need mental health and chemical dependency services.

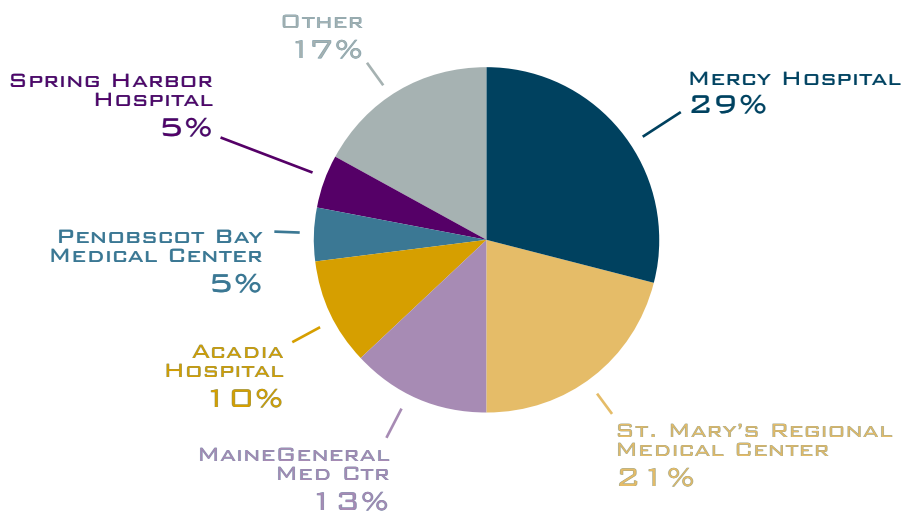
## Hospitals in Maine Providing Inpatient Mental Health Disease Services



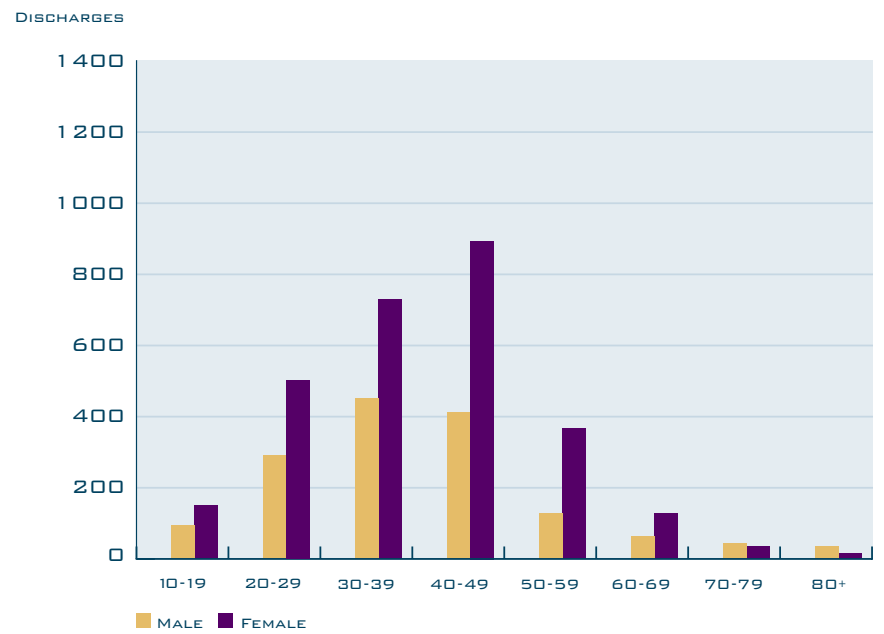
## Age Distribution of Inpatient Mental Health Disease Patients for CY 2001



## Hospitals in Maine Providing Inpatient Substance Abuse Services



## Age Distribution of Inpatient Substance Abuse Patients for CY 2001



ALL DATA FROM: MHDD INPATIENT HOSPITAL DATABASE

## MHA Member Hospitals

The Acadia Hospital  
Bangor

The Aroostook Medical Center  
Presque Isle

Blue Hill Memorial Hospital  
Blue Hill

Bridgton Hospital  
Bridgton

Calais Regional Hospital  
Calais

Cary Medical Center  
Caribou

Central Maine Medical Center  
Lewiston

Charles A. Dean Memorial Hospital  
Greenville

Down East Community Hospital  
Machias

Eastern Maine Medical Center  
Bangor

Franklin Memorial Hospital  
Farmington

Goodall Hospital  
Sanford

Houlton Regional Hospital  
Houlton

Inland Hospital  
Waterville

MaineGeneral Medical Center  
Augusta/Waterville

Maine Coast Memorial Hospital  
Ellsworth

Maine Medical Center  
Portland

Mayo Regional Hospital  
Dover-Foxcroft

Mercy Hospital  
Portland

Mid Coast Hospital  
Brunswick

Miles Memorial Hospital  
Damariscotta

Millinocket Regional Hospital  
Millinocket

Mount Desert Island Hospital  
Bar Harbor

New England Rehabilitation Hospital  
Portland

Northern Maine Medical Center  
Fort Kent

Parkview Hospital  
Brunswick

Penobscot Bay Medical Center  
Rockport

Penobscot Valley Hospital  
Lincoln

Redington-Fairview General Hospital  
Skowhegan

Rumford Hospital  
Rumford

St. Andrews Hospital  
Boothbay Harbor

St. Joseph Hospital  
Bangor

St. Mary's Regional Medical Center  
Lewiston

Sebasticook Valley Hospital  
Pittsfield

Southern Maine Medical Center  
Biddeford

Spring Harbor Hospital  
So. Portland

Stephens Memorial Hospital  
Norway

York Hospital  
York