

## **Meds Alone Couldn't Bring Robert Back**

**Experts like to debate the effectiveness of new drugs, but they overlook a key element of recovery.**

**By Jay Neugeboren**

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Feb. 6, 2006 issue - When my brother Robert arrived at Bronx Psychiatric Center in 1998, Dr. Alvin Pam, chief of psychology, told me it was the consensus of the staff that Robert would never be able to live without supervision, and if discharged, was destined to be repeatedly rehospitalized. By this point in time, my brother had been a patient in the New York state mental-health system for nearly 40 years, and had been given nearly every antipsychotic medication known to humankind.

But he had not yet been given any of the new medications—the so-called atypical antipsychotics a National Institute of Mental Health study recently found were not significantly better than the old ones, a discovery that has caused intense debate in the mental-health community. Robert's reaction to the drug was seemingly dramatic. Several months after Robert started taking it, Dr. Pam called to say his recovery was nothing short of miraculous—he was clear thinking, free of delusions, and the hospital was planning his discharge.

A few weeks after that, Robert telephoned. "*Alan's leaving—Alan's leaving!*" he kept screaming. Alan was my brother's social worker—a man to whom he was very attached and whom he had known for many years, from his long-term stay at another hospital. I called and discovered that, without warning, Alan had been transferred to another state hospital.

Robert began having tantrums, hallucinations, bodily tremors, irrational fears, panic attacks, and he became both dangerously manic *and* depressed. It would be more than a year before the hospital would again prepare him for discharge. The question, then: why did the medication that worked so well—so *miraculously*—on Monday stop working on Tuesday? The answer: because Robert was deprived of a relationship that had been a crucial element in his recovery.

At about this time I was interviewing hundreds of former mental patients for a book I was writing. They were people who had been institutionalized, often for periods of 10 or more years, and who had recovered into full lives: doctors, lawyers, teachers, custodians, social workers. What had made the difference?

Some pointed to new medications, some to old; some said they had found God; some attributed their transformation to a particular program, but no matter what else they named, they all—every last one—said that a key element was a relationship with a human being. Most of the time, this human being was a professional—a social worker, a nurse, a doctor. Sometimes it was a clergyman or family member. In every instance, though, it was the presence in their lives of an individual who said, in effect, "I believe in your ability to recover, and I am going to stay with you until you do" that brought them back. So it was with my brother, who, through his daily collaboration with Alan and the dedication of Dr. Pam (who refused to go along with the staff consensus that Robert would never live on his own) has not had a single recurrence for more than six years, the longest stretch in his adult life.

At Robert's new home at Project Renewal in Hell's Kitchen, the staff is equally dedicated to the 60 or so residents. Rehospitalization rates are below 3 percent each year, and director Jim Mutton says, "Most individuals remain compliant with their medications for years at a time."

Like Jim, I too have witnessed hundreds of formerly homeless, mentally ill adults renew their lives not only through access to a wide range of medications, but through access to individuals like Jim and Dr. Pam, who believe that pills, while useful, are only a small part of the story, and that the more we emphasize medications as key to recovery, the more we overlook what is at least as important: people working with people, on a sustained long-term basis.

In New York state, there are more than 60,000 individuals living with psychiatric disabilities. What does it matter if one medication is superior to another if 34,500 of these people have no safe place to live, and therefore no opportunity to work, no choice of treatments and no access to dedicated individuals who are being paid decent wages to work with them?

Let's provide a range of medications, and let's study their effectiveness, but let's remember that the pill is the ultimate downsizing. Let's find resources to give people afflicted with mental illness what all of us need: fellow human beings upon whom we can depend to help us through our dark times and, once through, to emerge into gloriously imperfect lives.

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