

Health and Human Services Appropriations Committee

Testimony Favoring P.A.C.T

January 19, 2005

I am Carl Keener, half-time psychiatrist for Helena P.A.C.T. Prior to coming to Helena, I served as Medical Director for over 5 years at Montana State Hospital. My experience has given me a broad perspective of mental health services in Montana. Some of the patients I have treated in P.A.C.T. I also knew when I was at M.S.H. A few I thought would never be able to leave M.S.H. They did surprisingly well for long periods of time in the community. We have had gratifying success. Descriptions of some of those successes have been written up by others and copies of these write-ups have been given you. We have also had failures, but as we have gained more experience as a team, the failures have been minimal. P.A.C.T. does not do well with patients whose illness has a large component of personality disorder, such as sociopathy, borderline, or narcissistic traits. We have been successful with a few such patients but they consume an inordinate amount of staff time. We also have among our failures, people who, in addition to mental illness, have significant alcohol or other substance abuse problems. Many times the effect of the medications we use is impaired by alcohol and other substances.

We currently have 70 patients, about 1/3 the population of M.S.H. Approximately 50% of these patients intermittently use alcohol, marijuana, or other substances. In spite of this, our patients improve or are at least are maintained in the community. I leave it to others to present the savings P.A.C.T. provides. Having worked at both M.S.H and P.A.C.T, I would emphasize the improved quality of life P.A.C.T patients enjoy. They live in their own apartments and attempt, with our help, to normalize their lives.

Of course, not every patient at M.S. H. can be treated in P.A.C.T. We are now experienced enough with traditional P.A.C.T. patients (serious mental illnesses with minimal issues of personality disorder or substance abuse) to begin to address program modifications directed at dealing with our failures and expanding the population we can treat.

M.S.H. already has a DBT (Dialectical Behavioral Therapy) program in place. We are approaching the time when a P.A.C.T. program with a DBT component would be a logical follow-up for M.S.H. discharged patients already primed with DBT fundamentals. More intensive alcohol and substance abuse programs might also enhance P.A.C.T. efforts.