

Career Choices: Community mental health in an urban/public setting

Cornel Stanciu, MD, and Mufida Wadhwanian, MD

Editor's note: Career Choices features a psychiatry resident/fellow interviewing a psychiatrist about why he or she has chosen a specific career path. The goal is to inform trainees about the various psychiatric career options, and to give them a feel for the pros and cons of the various paths.

In this Career Choices, Cornel Stanciu, MD, talked with Mufida Wadhwanian, MD. Dr. Wadhwanian is an adult psychiatrist practicing in an urban/public setting in metro Atlanta, Georgia, at DeKalb Community Service Board. She manages a variety of uninsured and underinsured patients in an outpatient setting.

Dr. Stanciu: What attracted you to practice community mental health in an urban-public setting?

Dr. Wadhwanian: A high portion of the population here has no health insurance, and hence there is a great need in the community. The psychopathology severity is high, so one can see a wide range of disorders. One can also build on the skill to pull together resources, such as linking patients to community resources and patient assistance programs, finding food banks, and finding ways to secure stable housing. There is continuity of care, and when a staff member leaves the agency, patients are linked to the next provider in an adequate time frame so that the patient's quality of care is not compromised. The new provider is also given notification so that he or she is aware of the transfer of the patient and is able to review the chart in advance.

Along with medication management, we also provide psychotherapy. We utilize a single electronic health record (EHR) throughout the agency and we are able to contribute to changes in the EHR to make it more user-friendly. We have monthly journal club meetings and meetings with other staff members to review and discuss the progress of our organization. There are also numerous online resources through which we can keep ourselves updated with current research and earn CME. Some of the providers at our agency have academic affiliations, and hence there are opportunities to teach medical students and residents who rotate at some of our sites.

Dr. Stanciu: What are some of the more prevalent disorders you encounter?

Dr. Wadhwanian: We see a wide range of disorders, such as affective disorders, schizophrenia, and comorbid disorders, specifically comorbid substance use disorders. So we encounter a high number of chronic mental illnesses.

Dr. Stanciu: What are some challenges in working with this population?



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Disclosures

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Clinical Point

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Dr. Wadhwanian: Based on the high volume of patients we encounter, the resources available in the community are limited. But this challenges us to be creative and maximize what we have available to create new resources, such as having on-site case managers rather than just in the community, and building psychosocial rehabilitation programs near our various clinics for the patients to bring them the best care possible. Other challenges include a lack of education on and awareness of mental illness; there is still a lot of stigma surrounding mental illness in the community.

Dr. Stanciu: How would you describe your experience working in this setting?

Dr. Wadhwanian: It's a very rewarding experience, as you get to be creative, and patients appreciate your efforts. We use a patient-centered approach, and we work as a team. Each team member brings in a unique set of skills, and we bounce ideas off each other. There is a sense of satisfaction when you help people who don't have easy access to health care. Finally, in a setting like this, young psychiatrists are able to gain more opportunities earlier than they would while working in other settings.

Dr. Stanciu: How did your career path prepare you to work in such a challenging setting?

Dr. Wadhwanian: While at East Carolina University, teamwork and getting the best treatment for the patient was the goal. We treated an underserved population that did not have easy access to resources, and dealt with the same wide range of psychopathology. So my residency prepared me well to work in my current position.

Dr. Stanciu: How would you describe a psychiatric physician who is well-suited for such a setting?

Dr. Wadhwanian: A perfect fit would be someone who is able to harness and build resources

for the patients in the community and in the practice and wants to continue to build that skill. This individual is someone who is a team player, is flexible, and has a high professional frustration tolerance. The physician's main aim would be to serve, and his or her mission would not be monetarily driven.

Dr. Stanciu: What is the typical reimbursement model for your practice, and do you run into difficulties with health insurance providers in this setting?

Dr. Wadhwanian: Approximately 40% of the patients we treat have no health insurance, and approximately 60% have Medicaid or managed Medicaid or Medicare. There is no burden of health insurance. Full-time employees are salaried, and part-time employees are compensated on an hourly model. There is also an incentive bonus system based on quality and productivity.

Dr. Stanciu: What model does your clinic use to overcome the shortage of services?

Dr. Wadhwanian: There are approximately 37 medical staff members in the agency, most of whom are MDs, but this group also includes nurse practitioners and clinical nurse specialists, so there is no shortage within our agency. We do contract for telepsychiatry services, but because our agency's clinics are located throughout the county, most of our patients have easy access to any one of our clinics. We have a number of social workers, therapists, nurses, case managers, and pharmacists. We have a crisis center where unstable patients who require admission to an inpatient unit can be admitted; we also are able to refer patients directly to other inpatient psychiatric units. Our agency also has an addiction clinic and a residential substance abuse program catering specifically to patients with substance use disorders. We have educational, therapeutic, and behavioral support services, including residential services, for patients who have developmental disabilities. Our agency also has residential services

for patients who are homeless or have a lower income and would benefit from support in a residential setting.

Our therapists are able to refer patients to state-contracted Assertive Community Treatment teams that serve our county. We are also able to set up intensive case management for patients in the community, as well as other community support services, peer support programs, and psychosocial rehabilitation programs.

Dr. Stanciu: What advice do you have for early career psychiatrists and trainees who are contemplating working in an urban-public setting?

Dr. Wadhwania: First of all, realize that there are many misconceptions about serving in the public sector, such as there is no access to new medications, etc. It is important to establish whether public sector service is “in your heart.” You need to learn the organization’s philosophy, mission, and vision, and figure out whether these views align with yours. Getting to know the leadership and how they value psychiatrists and other staff members is also very important. Also, make sure that there are opportunities for you to become a leader in the organization, that there is room for growth, and that it’s a stable organization.