Community Psychiatry Immersion Experience: Island Counseling Center.
Martha’s Vineyard.
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As I left the mainland in Wood’s Hole...
Upon arrival in Vineyard Haven with just a back pack and a bicycle, I pulled out the map.
The 8 mile bike ride was most interesting. In fact, I often felt like I was being watched.
I arrived at my new home and still felt watched...
There is another aspect of mental illness which commands the particular attention of those concerned with the public health. Such illness behaves much as a communicable disease, particularly in a population as small as the Vineyard’s. While its communicability cannot be traced with the same precision as an outbreak of typhoid fever, so long as human beings live in families and in communities, each psychologically disordered person contaminates the lives of all within his interpersonal field. There is evidence that the children of the disordered grow up at a greater risk of becoming impaired and that psychological disorder in husband or wife in time induces both social isolation and disorder in the other partner.” (Mazer, 1976)
Problems and Predicaments of a Third Year Medical Student:

What am I going to be when I grow up?
2. Pediatrician.
3. Hematologist-Oncologist.
4. Palliative Care Physician. (could actually be applied to all of the above)
5. Social Worker.
Create a nourishment center for those with mental illness and their caregivers, combining various approaches to healing: movement, visual art, cooking, gardening, herbal therapies, yoga, meditation, community building, group learning/sharing/supporting, conventional medications, therapy.
What I wanted from my experience.

• Exposure to child-adolescent psychiatry.
• Exposure to outpatient community psychiatry.
• Experience with less acute and more long-term relationships.
• Exposure to management, leadership, and how to integrate programs and systems of care.
Provider of all mental health services for the island of Martha’s Vineyard including coverage of emergency mental health at Martha’s Vineyard Hospital.
“The objective of this one month elective is to integrate a medical student into a community mental health practice that provides that meets the mental health needs of an island population. The specific focus for this student is how systems of care in a small community provide support for youth with mental illness. This student also wants to understand the larger framework of how Island Counseling works to support families and the community, recognizing that by working with the health of each part you develop a healthy whole and provide a nourishing environment for healing.”
In four weeks…

• Worked with almost every counselor, almost always discussing each case before and after, often participating in future visits.
• Read a variety of books provided by generous clinicians on pertinent topics (attachment theory, adoption, pediatric trauma, Seeking Safety manual, motivational interviewing, adventure therapy).
• Experienced many different approaches to the patient-counselor interaction. Appreciated the variety of skill sets coming from backgrounds in social work, mental health counseling, masters in education, nursing degrees, medical doctor degrees.
• Met/worked with the directors of: CONNECT, New Paths Recovery Program, Early Childhood Programs, Veterans Group, New Paths Alumni Group, Emergency Services.
• Attended two New Paths Group Meetings, watched the DVDs explaining the matrix program for substance abuse and recovery, also read handouts and prepared binders for participants in the program.
• Home visits and play experience with child and their counselor in the community.
• Home visit with a Wampanoag elder in the CORE program.
• Spent 2 days per week with Dr. Maxwell, medical director, participating in patient interviews, assessments, and medication visits.
• Regular discussions on pertinent topics in psychiatry and managing a health center with Nancy Langman, program director.
• Attended planning retreat with ICC directors, learned about creating a comprehensive mission statement and clearly defining objectives and goals.
• Participated in Pediatric Trauma CBT training video conference with Dr. Deblinger and pediatric counselors from ICC.
• Met with local director of the Yoga Barn, Rex Jarrell, to discuss community work around mental illness and access to integrative therapies.
• Worked to prepare poster and gather materials for ICC’s presence at Health Fair.
• Spent time mentoring college intern on professional options, specifically focusing on preparation and realities of medical education.
How this experience fits into the context of medical education.

• Interest in psychiatry residency has been on the decline for a number of years.
• Often less than 5% of a medical class (100-150 students) will choose a career in psychiatry despite need being extremely high.
• Residency directors are at a loss for how to identify and recruit.
• Medical students almost never get exposure to community psychiatry.
Why this experience really mattered to me.

- A multi-disciplinary approach to care with a variety of programs/providers working together to support the patient = optimal healthcare (to me). You are my first opportunity to see/learn/experience this model. It is inspiring to see you all working together to make it work. You provided a learning structure for me to start laying foundations for my future career.

- In all my rotations, mental health was one of the primary challenges/barriers to patient wellness. Providers often did not have the necessary training and knowledge to prescribe medication or counsel the patient appropriately. You all are providing such a service to the healthcare field by helping folks resolve/manage their mental illness, you are also significantly impacting all the other health-related issues they are facing, allowing them to show-up more fully in their lives, at their doctor’s appointments, and for their families.

- There was a surprising amount of stigma around mental illness in the medical community, specifically in the words used to describe patients and the way in which patients were treated by doctors. This frustrated me and empowered me to learn more. You provided me with a vocabulary and the start to a skill set around supporting this population. I hope to model this approach in hospitals for other medical students to decrease stigma and disrespectful language.

- Like the opening quotation by Dr. Mazer, this island does have generations of mental illness that seems to stick with certain families. To see how this health center is working to change these patterns and provide opportunities for people is deeply moving. I hope to return.
Why this experience could hold the key to increasing recruitment.

• Perhaps the answer for frustrated residency directors is to place medical students in community psychiatry practices like ICC, here’s why:
  – Understanding long-term relationships with a patient/family
  – Coordination of care
  – Seeing how systems intersect and connect
  – Working as part of a multi-disciplinary team
  – Ultimately, seeing how all these pieces make a significant difference in someone’s life and well-being.
Looking to the future…

• The intention is to continue this elective with 4th year medical students from UMASS.

• I am volunteering to help coordinate and select future students to ensure a good match with the experience (i.e. independent, self-directed types).

• This elective will hopefully encourage more medical students to enter the field of psychiatry.
Thank you to...

- Suzanne Cashman
- Linda Cragin
- Joanne Dombrowski
- The MassAHEC Network
- Dr. Peter Metz
- All the clinicians at ICC
My two favorite Vineyard snacks:
(I mean I did bike 14+ miles/day)
The bird I rescued off the road on the way to work one day… Do you know what it is?