

**A Healing Community:
Outpatient Mental Health Services at Seton Medical Center**

When Jill Giles, coordinator of Seton's Outpatient Mental Health (OMH) services, arrived at work the other morning, there was a message on her voice mail from a former client. Jill heard: "Hi, Jill. I don't know if I got a chance to tell you how much I appreciate you. I want you to know everything is gonna be okay. Tell the staff they did a wonderful job in making sure I did not leave this earth. And I love you dearly."

OMH patients may suffer from severe depression, anxiety/panic-related disorders, and even schizophrenia, but, according to Giles, "they can be safe with themselves and others, and they're cognitively organized enough to attend to their basic needs of food, clothing, and shelter." For persons who otherwise would need to be in a psychiatric ward, OMH offers a program of "partial hospitalization." Those enrolled in it live at home, but attend the program on weekdays from 9:30 a.m. to 3:00 p.m. The day is structured around therapist-led support groups on topics such as relationship management and goal setting, and each client also has a one-on-one session with a therapist at least once a week. The outpatient staff psychiatrist leads a group each week on medication management and also meets privately with patients.

"I really see a big difference between inpatient and outpatient care," says Giles, who has worked at psychiatric hospitals in the past. "Once a person is hospitalized, they often feel they're in there against their will. They're homesick; they want to sleep in their own bed. Here, we keep it very relaxed and homey, without the institutional feel. And the recovery rate is dramatic."

The program provides van transportation for its clients, to and from Seton. This is vitally important, since people who suffer from depression and/or anxiety-related disorders often cannot bring themselves to leave their bedrooms, let alone get themselves out of the house and across town. Giles says she recently had a patient who was so depressed that she literally stayed in bed for six months. This woman, who was in the program for three months and was recently graduated, now maintains a part-time job.

Another patient, Sarah, who was referred to partial hospitalization after attempting suicide, says that the program gives her "a place to know that I'm not by myself" as well as simple coping strategies, such as calling for help when she's depressed rather than "curling up in my room."

Glen, a victim of major depression and Post Traumatic Stress Disorder, agrees. "You're not just sitting at home alone, having thoughts of suicide or terrible depression." Glen credits the program with saving his life by giving him tools to identify early warning signs of major depressive episodes, as well as techniques for managing the symptoms of his illness, such as controlled breathing and meditation to soothe anxiety. Also, he adds with a chuckle, "It may sound silly to some people but it's amazing how much better you can feel if you just sing a funny little song."

Participants in the program consistently show caring and support for each other. "You have teenagers who form incredibly strong bonds with people in their fifties and sixties," says Glen. "It's as though age, sex, sexuality, race, all just sort of goes away. The common theme is, 'Hey, I hurt.' There may be a variety of reasons for that. In therapy groups we deal with all sorts of very intimate problems. But people learn to relate to one another, and work closely with each other. It's very *very* supportive. It really is a community."