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Mental Health Resources PLLC developing new dual-diagnosis outpatient program

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An 11-year-old mental health provider is stepping into one of the most complex areas of care, with a new dual-diagnosis outpatient program.

Mental Health Resources PLLC has been at the forefront of developing intensive psychiatric outpatient care, with clinical studies that provide the same sort of empirical validation used by drug companies and medical device makers. The practice is now adapting that to dual-diagnosis patients, with intensive group therapy using psychologists coupled with oversight by psychiatrists.

Dual diagnosis is an emerging field, and treating it can be like untying the Gordian knot. People with undiagnosed mental problems often self-medicate with alcohol or drugs to the point that they also have substance abuse issues. Treating only that often leads to relapse, because the underlying cause remains.

"All too frequently what happens is that there's not enough time of abstinence to properly diagnose the patient," says Robert Fink, one of two psychiatrists who will work in the program part time. "Before any real psychiatric diagnosis can be made you need a period of 4-6 weeks to see if what you are seeing is a reflection of intoxication or withdrawal."

Most treatment programs concentrated on the substance problem, and graduated patients before they could be fully treated. They also had a high failure rate, leading to other costs: 25%, for example, have multiple hospital admissions.

It was the documented success in other areas that drove managed care plans to ask psychologist Ed Wise to expand into dual diagnosis.

And it is intense: starting with five days a week, three hours at a time of group therapy, with a combination of traditional 12-step work, plus cognitive therapy to adjust the way people think and respond to stress. That can go on for eight weeks.

Only after drying out for a few months is it clear whether there is something beyond substance abuse which requires the treatment of a psychiatrist. Fink believes 25% of dual-diagnosis patients fit the bill. The anxiety, depression and mental stress on the others will clear up once they get clean.

"It was managed care that first sent referrals to us, but most of the business now comes from employee assistance programs," Wise says.

Wise and his seven other therapists have worked on the dual-diagnosis project for two years. Professionals with experience in the field are in high demand.

Outpatient care is not only more cost effective, but keeps the patient involved in their job and family, which can make recovery more profound, Fink says, compared to the environment of a hospital.

Mental Health Resources PLLC
Principal: Ed Wise
Address: 1027 South Yates
Phone: (901) 682-6136

sshepard@bizjournals.com | 259-1724

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