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## Mental Illness and Mismanaged Care

### *For One Depression Patient, Treatment Restrictions Led to a Scramble for Care at a Critical Time*

**By Jim Gogek, Special to The Washington Post**

I hadn't heard from Tim Kitchen for a year when he called last April. In a weak, shaky voice he said he was in Fairfax Hospital in Virginia. He had tried to kill himself.

The friend I knew in San Diego five years ago was a gentle bear of a man who talked openly about his depression, unhindered by the social stigma that shames most of the mentally ill in our society. He had told me then about his hospitalization in 1988, when he was first diagnosed with major depression. Doctors kept him for 12 weeks, until they decided that he was no longer a danger to himself.

But that was before the revolution that has swept the health care industry during the past decade. Much of the nation is now covered by managed care firms, which emphasize primary care and limit access to specialists to help keep costs down. Mental health coverage has also been affected. When Tim called me in April, he told a harrowing tale.

It began in the prior fall when Tim found himself staring at the ceiling at 4 a.m., wondering how long he'd been awake. His sleep grew more fitful every night and he was exhausted every morning. Negative thoughts plagued him and he gradually stopped talking to people, including his wife. He withdrew inside his house, then inside his room, then inside himself.

Early last year, Tim got a job with Fairfax County, and he and his wife moved to Northern Virginia from Richmond. But he kept his psychiatrist in Richmond, Paul Spector, because Tim felt the two-hour drive to see a doctor he trusted was worth it. When the depression returned, Spector started Tim on antidepressants.

But Tim's depression worsened. The thought crept in that maybe everybody, including himself, would be better off if he were dead. Between appointments, Tim and Spector made "no-self-harm" contracts, a short-term agreement that the patient won't try to kill himself. These often work when there's a good doctor-patient relationship.

In January, Tim quit his job because he could no longer work. But sitting at home all day, he spiraled downward, and his marriage eventually fell apart. By February, thoughts of suicide tormented him constantly. "I was completely irrational," Tim said. "I had four guns in the house

and I would think about them. I thought about doing it just like Hemingway did, put a shotgun in your mouth and pull the trigger." Tim decided he was ready for hospitalization.

He made an appointment with Spector, packing a suitcase before he went. He planned to ask Spector to hospitalize him in Richmond for several weeks.

As Tim sat in his office, Spector called HealthKeepers, a branch of Blue Cross/Blue Shield of Virginia, to authorize hospitalization and electro-convulsive therapy (ECT), also known as shock treatment. The therapy involves running an electric current through the patient's brain while he is anesthetized. While some mental health experts call the treatment barbaric, others argue that it is especially effective at treating patients who are threatening to commit suicide and for whom antidepressants have not worked.

But to the surprise of Tim's doctor, Tim was no longer covered under the same contract as when he lived in Richmond. He was now covered by Integrated Behavioral Care, under contract to HealthKeepers in Northern Virginia. When Spector called, an Integrated representative said he wasn't one of their providers and the plan wouldn't authorize hospitalizing Tim in Richmond. Spector explained that Tim was highly suicidal. But the company representative refused coverage unless Tim went to a different doctor in Northern Virginia. He would have to drive north and check himself into Fairfax Hospital.

Tim and Spector made one more no-self-harm contract, and then he drove away alone.

Tim made it to Fairfax Hospital, although he doesn't remember how. His new psychiatrist prescribed one week of inpatient ECT and then two weeks of outpatient ECT.

Outpatient ECT is less expensive and therefore more cost-effective for health plans. But for some patients suicidal thoughts can persist during treatment, making it dangerous to send them home. And people receiving ECT are usually disoriented. They need someone to drive them and someone at home 24 hours a day. Tim had no such support.

When Tim was discharged to outpatient ECT, he was still suicidal. His sister, Sara Benn, who lives in Philadelphia, took him home to his empty house. She stayed a few days and found members of his church to drive him for ECT three times a week.

Tim doesn't remember much of those two weeks except that he was home alone every night and on the weekend. His sister called each day, and it was with her that Tim made a daily no-self-harm contract. He had no relationship with a psychiatrist, therapist or nurse.

After completing the outpatient ECT, the pain and hopelessness returned, growing until Tim couldn't stand it. But he had not established a relationship with any doctor during his treatment. As a result, he had no doctor to turn to, no medical professional he trusted. When Sara called Tim on Sunday for their daily no-self-harm contract, he couldn't make the promise.

Sara immediately called the doctor in Fairfax who had admitted Tim to the hospital, and he suggested that she should stay in touch with Tim. Moments later, she got a call from Tim's

former father-in-law. He happened to be in his office Sunday evening and noticed an e-mail message. It was from Tim -- his last will and testament. Tim had sent it to someone he didn't expect would find it until he was dead.

Sara had taken the guns from Tim's house. Instead, he chose a full bottle of pills. He swallowed them all with a glass of water. The last thing he remembers was a feeling of relief that it would soon be over. Meanwhile, Sara was frantically trying to reach him, but got no answer. She called 911.

Tim survived, thanks to a concerned sister and the coincidence that his father-in-law happened to be in his office on a Sunday night. Paramedics entered his house and took him back to Fairfax Hospital. He stayed there for two weeks. That was the period of hospitalization Spector had originally recommended several weeks earlier.

When asked if Tim's care was mismanaged, Leonard Goldstein, medical director of Integrated Behavioral Care, said that "doctors make mistakes, patients make mistakes, we make mistakes . . . and we're not looking to fix the blame. We're trying to fix the problem."

Goldstein said he believes managed care can someday provide truly comprehensive treatment. But for that to happen, he said, mental health treatment needs to become part of primary care. He envisions a system where a new patient receives screening for mental health as well as physical health problems.

"We've done very little to date to try to help primary care providers get better at diagnosing and treating mental illness. The real opportunity in managed care is to bring behavioral [health care] into the primary care world by developing integrated systems of care. I think that's what can be done . . . but we're not there yet. That's what we're trying to build."

Anthony Pelonero, medical director at HealthKeepers, which hired Goldstein's firm, insisted that Tim received appropriate care. But he agreed that forcing a mental health patient to switch doctors in the middle of a crisis is not appropriate.

Today, Tim is back with Spector and plans to stay with him, and the services are covered by his insurance company. With a different dosage of medication, his depression has lifted. He has a new job, and he's finalizing his divorce and putting his life back together. But he almost didn't make it.

"I think that if I had been treated by Dr. Spector and kept in the hospital during and immediately after the ECT, and then started on the proper dosage of antidepressants . . . I would have been okay," Tim said. "I've suffered from major depression before, but I've never tried to kill myself. I never made an attempt" -- until this episode.

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