

Let's not let our system fail our most vulnerable citizens (<http://bangordailynews.com/2016/03/30/opinion/contributors/let-not-let-our-system-fail-our-most-vulnerable-citizens/>)

By Cullen Ryan, Special to the BDN
Posted March 30, 2016, at 1:22 p.m.

Last week the Legislature's Health and Human Services Committee kindly allowed service providers and people who receive services to educate it about the new restrictions the state Department of Health and Human Services implemented for people with mental illness.

The Senate chair of the committee made a comment that struck me. He notified the packed room of attendees that several committee members would need to step out during the hearing to attend to other obligations. He and others had "not figured out how to be in two places at one time."

Neither have I.

But what struck me was how well that described the terrifying conundrum facing people with serious and persistent mental illness, which can involve psychosis. Psychosis is most simply described as not being oriented to person, place or time. For many, it means attending to delusions or hallucinations while attempting to function in the world.

It means being in two places at one time.

Impossible, per the Senate chair. And yet, the cuts, to take effect on April 8, seem to ignore this [conundrum for up to 8,000 people](https://www.google.com/url?q=http%3A%2F%2Fbangordailynews.com%2F2016%2F03%2F17%2Fpolitics%2Fstate-rule-change-for-8000-mentally-ill-mainers-stresses-caregivers%2F&sa=D&ust=1459363035762000&usg=AFOjCNE1u4JxqsRdnNVp1ZbaCzV-jSoZhA&ref=inline) (<https://www.google.com/url?q=http%3A%2F%2Fbangordailynews.com%2F2016%2F03%2F17%2Fpolitics%2Fstate-rule-change-for-8000-mentally-ill-mainers-stresses-caregivers%2F&sa=D&ust=1459363035762000&usg=AFOjCNE1u4JxqsRdnNVp1ZbaCzV-jSoZhA&ref=inline>).

How? Well, let's take psychosis.

There are numerous common diagnoses for people experiencing psychotic symptoms, including schizophrenia, bipolar disorder, schizophreniform disorder, schizoaffective disorder, delusional disorder and major depression with psychotic symptoms. But people can experience psychotic symptoms who have other disorders, including post-traumatic stress disorder and personality disorders such as schizotypal or borderline personality disorder. Many diagnoses can involve the exact same presentation: psychosis.

The new DHHS rules suggest that only two diagnoses — schizophrenia and schizoaffective disorder — will qualify anyone for Section 17 services. Anyone with other forms of mental illness will need to prove they have behavioral patterns that warrant services. Providers expressed worry case managers already are overwhelmed, and the mechanisms for securing exceptions may present significant barriers to much needed services. Others said the new rules will prevent many desperate people from being served.

As someone in the mental health field for 28 years, it seems rather arbitrary to me. If someone is psychotic, psychiatrists often spend years fine-tuning a diagnosis and can arrive at different (and evolving) diagnoses through trial and error after seeing the results of psychotropic medication trials on their patients. When someone is psychotic, it is not clear whether the root is a mood disorder (such as bipolar, major depression or schizoaffective), or if it is symptomatic of schizophrenia or schizophreniform or from some other cause.

But one thing is clear: When someone is psychotic, they need immediate help, because indeed it is impossible to be in two places at once, and no one functions well trying to accomplish the impossible.

So why would DHHS, the arm of our government designed to protect and serve the most vulnerable among us, particularly at their most vulnerable times, seem to want to split hairs about the cause? When someone is ill and presenting that way, why not just help them? Why throw up barriers to services or make the person and the service provider jump through hoops to allow them to access services?

When we fail to serve people who experience psychosis immediately and well, they ricochet through our most expensive emergency services — police, rescue, emergency rooms and homeless shelters. And many languish untreated on our streets. We already fail far too many.

We would do better to make it easier for people to receive services that keep them stable instead of deny them or thwart their ability to receive services. We will pay either way. But in this case, being proactive is far cheaper and helps people function well. Kicking some 8,000 people off Section 17 instead will set them up for failure.

Let's not let our system fail our most vulnerable citizens.

As to two places at once, the Senate chair had foreshadowed well. Not long into the meeting, one of the committee members noted that the committee was down to only Democrats; all of the Republican members, one by one, including the Republican chair, apparently had to be elsewhere right during the educational session. It was impossible for them to be in two places at once.

We will certainly need everyone to come to one place to see that our most vulnerable are adequately served.

Cullen Ryan is executive director of Community Housing of Maine in Portland.

