

MANAGING MENTAL HEALTH

Patients and providers agree: HMOs are shortchanging folks with mental health needs by Patrick Collins

Suppose you're in need of a service that falls under the vast umbrella of the term *mental health*. Assuming that the intellectually and emotionally acrobatic terms and conditions that govern today's health maintenance organizations aren't enough to discourage you, add to the mix the fact that you're queer.

"What's happening to mental health is what's happened to health care in general," says Terry LeJeune, a licensed clinical social worker who has served as clinical director for the past eight months at Phoenix Rising Foundation, a Portland-based group that caters to the sexual minorities community.

For LeJeune, the frustrations of managed care are a part of daily life.

"Mental health is being bought out by big corporations because it's really hard to make it as a nonprofit. They're collapsing all over the country. You need a whole business unit to take care of the details," she says.

"The paperwork is overwhelming," adds LeJeune, who left private practice to come to Phoenix Rising during its most turbulent period.

The financial troubles that plagued Phoenix Rising, she says, are the result of good intentions.

"We're sort of damned if we do, damned if we don't," she says. "We tried to maintain a sliding scale approach in order to serve our clientele, and we still do, but there's less sliding now."

The results of a survey of doctors and nurses released recently by the Kaiser Family Foundation point to a number of disturbing trends linked directly to managed care.

According to the survey, 87 percent of the respondents said that during the past two years their patients had been denied some sort of care, including mental health services.

Depending on the type of care denied, one-third to two-thirds of the doctors surveyed believed it resulted in serious health consequences.

One can only guess how many of those impacted patients are queer.

Phoenix Rising is now recognized by the Oregon Health Plan—a blessing and a curse, LeJeune says. A blessing because a previously unreached population now has access to services; a curse because many of those who previously enjoyed the services now find themselves ineligible.

There are other issues that can make accessing services at Phoenix Rising tricky.

The Oregon Health Plan, for example, will only cover visits every other week for six months.

LeJeune says that many clients could benefit from weekly visits, but anything exceeding the

plan's limit requires justification, which means more paperwork.

Also, the agency has also experienced a drastic staff reduction, dropping from 18 therapists in January to its current six.

LeJeune approaches the agency's dilemma with spirit, but says she often finds the restrictions and the lack of resources—time and people—frustrating.

"For us, the challenge is getting people in," she says. "Lots of people are waiting, so we're making room by moving clients further out, but that's kind of sad because lots of people could benefit from weekly visits. People often need a

"I owe almost \$15,000," she says, bluntly.

Bruce says since high school she has suffered from what was only recently diagnosed as bipolar depression, a condition which has, over the years, brought her extreme highs and even more extreme lows.

At high tide, Bruce says, she's bought cars, started businesses and spent thousands of dollars on miscellaneous items. At her lowest points, she's attempted suicide.

For her suffering, Bruce's insurance kicks in up to \$2,000 per year for mental health treatments. That doesn't even touch her hospital bill, she says. At an average of \$500 per month,

are working towards having more money spent on it."

But Bruce is hardly waiting around for that to happen.

"I would like to branch out and form some sort of support group for gays and lesbians," she says. "Also, I'd like to go into high schools and speak on depression and bipolar issues. People are real funny about their emotions, but it's time to say, hey, it's OK."

She adds: "For so long I questioned God and thought I would be so much better off dead, and now I think the reason I've survived is to get the word out."

Fortunately there are those within the health care bureaucracy who are trying to address mental health issues before they reach the crisis stage.

Ron Bloodworth, youth suicide prevention coordinator with the Oregon Health Division, is currently drafting a statewide plan to address youth suicide, which will specifically include gay and lesbian youth issues.

"The whole thing about gay and lesbian youth suicide is very controversial," Bloodworth says. "Over the last 20 or 30 years, the professionals have not looked very closely at youth suicide in relation to sexual orientation."

Bloodworth plans to do something about that, although he's proceeding with a certain degree of caution.

"Research on sexual minority youth is more complicated for a number of reasons," he says. "Many of them are still struggling with sexual identity and not ready to identify as gay or lesbian. They may engage in heterosexual behavior to prove to themselves or others that they're not gay."

He adds: "Young people, if asked face to face, are most likely not going to tell the truth about it. If they're given a survey it increases the chances that they may disclose gay or lesbian identification."

Accuracy concerns aside, Bloodworth says that the research he's reviewed indicates that sexual minority youth (those aged 10 to 24) are anywhere from two to seven times more likely to engage in suicidal behavior than their heterosexual peers. Among gay males the risk is higher than among lesbians.

And that, for now, is sufficient evidence for Bloodworth to include sexual minority youth in the state's plan. How the political machine will receive his recommendations, however, remains to be seen.



TJ Bruce

minimum of six solid months to come to terms with a problem and reach some sort of resolution."

Regardless of all the complications, LeJeune says there are quality services available.

"The biggest issue is that gays and lesbians are concerned about accessing their own private insurance for fear that something will happen," she says. "That's why people were attracted to Phoenix Rising. We tried to get around the regulations by developing our own sliding scale, but that sank the place financially."

For TJ Bruce, a 38-year-old Clackamas County resident, financial distress is not an abstract concept.

her medicine alone will cost her nearly \$6,000 per year, or three times the insurance limit.

These days find Bruce in a more proactive mode. She plays third base for the Red Wings, a Rose City Softball Association team. She recently put a rainbow sticker on her truck, and she joined the National Alliance of Mental Illness of Clackamas County.

On June 7, Bruce participated in a video conference with Vice President Al Gore and his wife, Tipper, to discuss issues around mental health.

"People from three cities were chosen to participate," Bruce says. "It's been confirmed that depression is a biological disorder, and the Gores

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