

The forgotten

UH psychiatrists and IHS workers join forces to find and treat mentally ill street people where they live

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Sprawled on the sidewalk or arguing with invisible companions, the mentally ill are among the most visible and most vulnerable of the homeless — and the hardest to help.

Many don't recognize they have a problem. They are suspicious of strangers. They resist going to shelters. And even when brought to the hospital, they tend to refuse all but the most basic medical care.

Their raw wounds may be patched up, but the underlying problem — mental illness — is often left untreated. And soon they end up back on the streets.

"They are allowed to be forgotten," said Dr. Chad Koyanagi, assistant professor in the Department of Psychiatry at the University of Hawaii School of Medicine. "These are gravely ill people. It's very sad that society allows the most vulnerable not to get care."

Now, a new collaboration among the medical school, the Institute for Human Services and the city is starting to lift these hard-to-help residents off the sidewalks of Hono-lulu. The Queen's Medical Center and Honolulu Police Department also provide crucial support.



Dr. Chad Koyanagi:

He says many mentally ill homeless were once "regular people who had jobs"

Instead of making the rounds of a sterile hospital, freshly minted psychiatrists still in residency at the medical school are hitting the streets alongside outreach workers from the IHS shelter. Together, they make "house calls" at ramshackle tarps and cardboard boxes strung along pungent sidewalks, building trust and offering medical expertise to help get the severely mentally ill off the streets.

The partnership with the psychiatrists is a powerful one, said Justin Phillips, an outreach specialist at IHS, as he set off one recent morning with his colleague, Vinnesha Bertola, and Dr. Tina Mai, a psychiatric resident.

"It makes or breaks the deal," said Phillips, whose disarming, down-to-earth style wins over wary street dwellers. "For any kind of real heavy assistance, there has to be a diagnosis. When we have that psychiatric attachment already in place, working as a team, we're able to do a lot more a lot faster."

Mai, a soft-spoken woman with delicate features, credited the outreach workers for paving the way for new psychiatrists like her to connect with needy patients.

"I think it really is a great experience for us," Mai said. "Instead of in the ER or the doctor's office, to see them where they live gives a whole new perspective. We can see their struggles."

She added, "It's inspiring to work with the underserved. Some of us, because of this experience, will go into community psychiatry. Without being exposed to this, we wouldn't know."

The psychiatric outreach began in February. In its first six months, the program served 135 homeless individuals. Fifty of them were linked to a psychiatrist or psychiatric resident, and 48 entered the Institute for Human Services shelter, with overlap between those two groups. Fourteen transitioned into stable housing, such as a care home. Seven entered substance abuse treatment.

"Many of them were regular people who had jobs," Koyanagi said. "One was a bartender, another worked for a bank. Illness hit them and the community didn't have the tools to help them."

The outreach team found one elderly woman lying in cardboard boxes in her own bodily waste, unable to walk, in Chinatown. They learned from neighbors that she had been there for 17 months, Phillips said.

"We brought in Dr. Chad Koyanagi and he provided a psych evaluation in the field and began to work with HPD on getting her placed in the hospital for medical observation," Phillips said. "She is now living in Waipahu in a care home, happy as a clam. I think she is 88 years old."

The city had budgeted \$360,000 for the homeless, and decided to put it toward psychiatric care for unsheltered people for three reasons, according to Bridget Holthus, deputy director of the Department of Community Services.

"First, there is an obvious need to help people who are homeless and suffering from mental illness," Holthus said. "Second, these folks, unfortunately, tend to be disruptive to other members of the public because they are very visual and often there are hygiene issues ... And third, it's expensive to use resources inappropriately when what people need is mental health care."

Ambulances, emergency room care, police and court services cost a lot and, in most cases, are not what the doctor would prescribe. Instead, a holistic approach, incorporating medication, counseling, social services, housing and long-term support, is needed.

The path is never easy. It takes detective skills to uncover the backgrounds of the mentally ill and track down relatives who can help, persistence and patience in getting insurance coverage, and finding caring people who will stick with them.

PSYCHIATRIC HOMELESS OUTREACH

An intensive, city-funded homeless outreach effort by staff from the Institute for Human Services and psychiatrists in residency at the University of Hawaii Medical School has achieved notable results in its first six months.

135

Number of people served

50

Linked to psychiatrist

48

Entered homeless shelter

14

Transitioned to stable housing

7

Entered substance abuse treatment

"They won't sign papers for you," said Koyanagi, who has been doing volunteer work for years with the homeless. "They are paranoid about signing papers. They don't have an ID."

A frail 67-year-old woman with salt-and-pepper hair, who suffers from paranoid schizophrenia, had been homeless for more than 10 years. Born and raised on the island, she turned aside her relatives and relied on the kindness of shopkeepers and others for food.

"She's been difficult to reach and very difficult to get any help for because of her dementia and her paranoia, her psychosis," her son said in an interview. "She had a tendency to just run, to leave and not come back."

After a coordinated effort, she is now living in a small shared apartment with her own room. Her son has become her personal guardian and visits regularly. Koya-nagi volunteers to make monthly house calls, administering long-acting medicine.

"Before the medication, there was just no way you could have rational conversations with her," her son said. He has helped her rebuild her identity from what he called a "blank slate," obtaining a new Social Security card, a photo ID, Medicare coverage.

"The rest of my family is impressed with the progress she's made," he said, requesting anonymity to respect their privacy. "They never imagined she could be at this level. For so many years people have tried to help but it just kind of keeps sliding back to what it has always been."

Gauging the number of mentally ill on the streets of Honolulu is a challenge. Roughly 42 percent of the unsheltered, unaccompanied individuals identified on Jan. 23 on Oahu in the annual Point-in-Time Count were "chronically homeless" with a disabling condition such as mental illness or substance abuse disorder. The count of 485 chronically homeless individuals stayed level the past two years, but was up substantially from 390 in 2009.

The survey, part of a federal snapshot of the homeless population taken on a given day each year, is conducted mostly by field workers in areas where they normally perform outreach, and is considered an underestimate.

"Given the cuts to services in recent years, the most vulnerable people are falling through the cracks," Koya-nagi said. His goal is for every psychiatric resident to do a three-month rotation with the homeless, giving them valuable practice while serving the most needy.

On a recent walk through Kakaako, the outreach team approached a middle-aged woman living on the sidewalk whose portable CD player pumped out a fitting anthem.

"You don't have to live like a refugee," it wailed as she rocked to the beat. Sharon told the team she had lived on the street "on and off" for 30 years and never seen a psychiatrist, and had no need for one.

But her neighbor, Ron, assured the outreach team he would keep a "psych appointment" later that day. He appeared to be warming to the idea of coming in off the street, as a planned police sweep of the area weighed on his mind.

"Something's got to work out, because I can't watch my stuff all day," he said, waving toward a shopping cart. "Everything I have is in the basket."

"I used to have a job in tech support for years," he added. "Just trying to figure out where you're going to sleep every day, it's hard to think about getting a job ... I appreciate you guys coming down."

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