

State to put more mental patients here

Next summer target date for transfers

By S. LAINE GOLDSTEIN

An upstate psychiatric hospital has revealed that it may seek to place as many as 1,000 patients in Staten Island mental health facilities, the Advance has learned.

In a letter primarily aimed at recruiting staff, the director of Harlem Valley Psychiatric Center in Dutchess County disclosed that approximately 1,000 of the inpatient population of 1,700 "will be ready for placement in the community by next summer."

Informed sources say that, in their opinion, most if not all of the patients will be targeted for placement in Richmond County.

These sources, all of whom are mental health professionals, say that back-up services will not be available for these patients. They also express the fear that the "inundation" of Staten Island with these patients will result in an "anti-mental health backlash" in Island communities.

A copy of the letter was sent to the Advance by a metropolitan area psychiatrist who requested that his name not be used. The letter, dated October 1974, is signed by Dr. Yoosuf A. Haveliwala, director of Harlem Valley and formerly a deputy director at the South Beach Psychiatric Center.

The tone of the letter suggests that this institution is no longer interested in custodial care for its patients, but rather that it seeks to reduce the inpatient population and replace it with "more dynamic therapeutic programs."

One of the many psychiatrists who received this letter commented that the reduction of inpatient population was offered as an inducement, as if to say "Come on up, we are getting rid of all our patients."

Several mental health professionals contacted by the Advance unanimously disapproved of such a projected influx of psychiatric patients.

"I would have to object to a great number of people being sent here from outside Staten Island," one doctor declared. This would distort the Island's population and overburden the existing mental health facilities — and medical and surgical programs."

According to figures released by the state Department of Mental Hygiene, Staten Island presently has 279 private domiciliary care beds which could be used by psychiatric patients. These are contained in three adult homes: Klein's Forest Manor in Brighton Heights, Hylan Manor in Great Kills, and Shore Acres in Arrochar.

Approximately 140 of these beds are in use, but not all are occupied by psychiatric patients.

Of about 2,700 additional domiciliary beds proposed for the Island, it is estimated that about 2,000 will be ready by 1976. Doctors say that all of these beds could conceivably be filled with out-of-county mental patients.

Moreover, it is estimated that half of a projected 2,000 health related facility beds (the proposed New Brighton Manor is such a facility) could be filled with these patients. Thus, 75 per cent of the available domiciliary and health-related beds may be occupied by non-Island residents in less than two years.

"If we only had to deal with Staten Island residents, we'd fill between 50 and 100 beds," said

one doctor, illustrating the wide gap in the number of Island and off-Island patients.

Authorities are worried that the increasing number of non-Island residents being treated here will "destroy the concept of community mental health." While it poses problems to deny treatment to anyone, psychiatrists are saying, we must seek a program of "fair distribution" for patients with no county of origin, that is patients who have been hospitalized for a long period of time.

Another psychiatrist, familiar with Island mental health facilities, said he has discovered patients receiving care here who have been released from at least nine different psychiatric institutions.

The nine hospitals, which are now called "psychiatric centers," are: Kings Park (L.I.), Central Islip (L.I.), Brooklyn State, Creedmore (Queens), Manhattan State (Wards Island), Pilgrim State (Brentwood, L.I.), Harlem Valley, Rockland State and Mid-Hudson.

"There just aren't adequate back-up facilities for a large increase in the patient population," a mental health professional said. "Care is more than just room and board. Many patients have severe health problems and some can't do anything for themselves — they barely know enough to come in out of the rain."

Why is there such a rush to discharge mental patients from hospitals into community facilities?

"Well, for one, there are too many patients who have been in hospitals for too long and need to be discharged," a doctor stated. "Mental care does not necessarily take place at state mental hospitals."

But the doctors agreed that there may be another reason. The state reportedly is responsible for 100 per cent of costs of patient care inside a state hospital, but apparently only about 25 per cent of costs when the patient is discharged into a community facility.

"The state has actually been offering patients to these domiciliary institutions," said a psychiatrist. According to reliable sources, it is common knowledge among these private proprietary care facilities that they can have "as many patients as they want."

Doctors charge that some hospitals have been issuing overly favorable reports on patients to facilitate their discharge.

Although the mental health professionals that the Advance spoke with varied in their assessment of the root of the problem — whether it is the great rush to discharge patients or the great rush to build these domiciliary homes — they agreed that it is progressing towards an "explosion."

Said one doctor, "It's my impression that the process is now so relentless that it is like trying to stop an avalanche once it has begun."