

As mental health crisis deepens, New York City hospitals leave psych units shuttered

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The coronavirus pandemic has exacerbated the preexisting mental health crisis across the world, with need increasing even as access to treatment is curtailed. Despite this mounting crisis, psychiatric wards across New York City, the global epicenter of the pandemic for weeks in the spring, have remained closed with no plans to reopen.

A September report from the New York City Department of Health and Mental Hygiene (DOHMH) gives some indication of the simultaneous increase in need and decrease in access. DOHMH found that mental health emergency department visits decreased sharply in mid-March, falling from nearly 5,000 visits per week (the 2019 average) to less than 3,000 in March and April. The data, which go through June 17, do not show visits returning to normal.

This is not from decreased need. Calls, texts and chats to NYC Well, a municipal mental health line, spiked in mid-March well over the 2019 average—nearly 2,000 more per week at the peak—and remained significantly higher through the latest data. Instead, people were staying away from emergency rooms due to fear of catching the coronavirus.

Indeed, even had they reached hospitals, several hospitals in and around New York City have had their psychiatric wards closed, limiting capacity and forcing people to travel across the city for the help they need. The closure of these units is a major attack on mental health care coming amid an unprecedented crisis. While providing beds to treat COVID-19 patients has been the pretext for closing these units, hospitals have not laid out when, if ever, they would reopen, even as elective surgeries have resumed.

The pandemic and the concurrent economic crisis have dramatically increased stressors leading to poor mental health outcomes—either exacerbating existing mental illnesses or driving people into depression and anxiety disorders. The same DOHMH study, based on a poll conducted in May, found that 35 percent of adult New York City residents felt cut off or distant from people, 41 percent lost their job or some hours at their job, and 44 percent reported “overwhelming or above average financial stress.”

These factors have produced anxiety and depression

among hundreds of thousands. According to the DOHMH, a full 44 percent of respondents experienced “symptoms of anxiety related to coronavirus” in the prior two weeks, while 36 percent reported “probable depression.” Adults have noticed similar parallels in their children, with 35 percent reporting that there has been a negative impact on the emotional/behavioral health of at least one child in their household.

A study from the Centers for Disease Control and Prevention (CDC) based on June data found that essential workers and unpaid adult caregivers “reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.”

It is not yet clear if this has resulted in an increase in suicides, which appear to be steady so far this year compared to prior years, although some deaths have yet to be logged as suicides pending investigation.

Just as need for mental health care skyrockets, access to psychiatric and detoxification units at hospitals has plummeted, including Syosset Hospital and a Brooklyn methadone clinic in the Northwell Health system, New York-Presbyterian’s Methodist Hospital and Allen Hospital and Westchester Medical System’s Hudson Valley Hospital.

None have reopened, and it seems increasingly unlikely that they will.

Psychiatric units have been on the chopping block for years due to their general unprofitability. The 30-bed unit at Allen Hospital, for example, located in Inwood, was nearly closed in June 2018, and was kept open only due to public outcry. Coverage of the attempted closure at the time noted that the median income near Allen was substantially lower than the income near other New York-Presbyterian hospitals, indicating that its permanent closure would affect poor workers rather than better-off city residents.

North of New York City, the psychiatric and detox inpatient beds at HealthAlliance Hospital in Kingston, New York, have likewise been closed since the pandemic began. The 60-bed unit provided the only services of its kind in

Ulster County, and sources have confirmed to the Hudson Valley-based *River* that Westchester Medical Center is seeking to permanently move those beds out of the Kingston facility.

The true scope of the crisis is unknown. The DOHMH told the *World Socialist Web Site* that it does not keep figures for wait times to receive inpatient psychiatric services. A source at the Mount Sinai Beth Israel Department of Psychiatry told the WSWs that they are not accepting new patients for psychotherapy at this time. Other facilities did not return calls from the WSWs.

The drive to close these units and convert them, after the pandemic, to another specialty is driven by the large operating costs of providing psychiatric care compared to more lucrative care. The average net patient revenue (NPR) per psychiatric bed, adjusted for inflation, actually fell from \$99,000 in 2000 to \$88,000 in 2018, according to a report by the New York State Nurses Association (NYSNA). “In contrast, the average NPR per bed across all beds, regardless of type, was about \$1.6 million in 2018,” the report notes. In other words, the 30-bed unit at Allen, if it were converted to a 30-bed unit pulling in average revenue, would generate an additional \$15 million for New York-Presbyterian.

Indeed, the reduction in psychiatric beds is a long-term trend. Across New York state, psychiatric beds have decreased from 6,055 in 2000 to 5,419 in 2018. Losses have been concentrated in New York City and on Long Island, which gained between them some half a million residents during this period.

Outpatient services such as weekly therapy sessions have not even come close to filling the gap left by the lack of inpatient services. It must be stressed that for many individuals, inpatient care will be by far the best treatment plan. With these services cut, many must turn to outpatient care.

However, due to health concerns around the coronavirus, many of these services have transitioned to telehealth. While telehealth can provide a role in expanding access to health care to remote areas and maintaining continuity during pandemics, it is obviously inferior in many respects to in-person care, including for therapy sessions.

Even putting that aside, during the height of the pandemic from March to May, compared to the same period in 2019, there was “a 41.2% overall decline in the use of behavioral health care services among New York-area members ... with one of the following diagnoses: bipolar disorder/manic, major depressive disorder, schizophrenia and personality disorders,” according to MedCityNews.

The mental health crisis will be further exacerbated by cuts to local governments by Albany. Nadia Chait, associate director of policy and advocacy for the Coalition for

Behavioral Health, told a State Assembly hearing in September, as described by the Albany-based *Times Union*, that “the providers her coalition represents have stopped filling staff vacancies and anticipate program closures, layoffs and service reductions should the cuts become permanent.”

Without access to mental health care, those with mental illnesses will increasingly be left to fend for themselves. Already, 45 percent of city detainees have a mental health diagnosis, and 17 percent have a serious mental illness. Even before they can be warehoused in jails, many people with mental illnesses are first brutalized by cops or even killed at the hands of police. That the answer to mental illness is not treatment but policing speaks volumes of the plans the American ruling class has for working class more broadly.

The resources exist to provide quality mental health care, including inpatient care, while still combating and, indeed, containing COVID-19. It is possible to ensure enough hospital beds both for COVID-19 patients and those who require hospitalization due to mental illnesses. However, with all that wealth monopolized by the ruling class, placing their profits over public health and social need, nothing can be done. Workers—in health care and other industries, in New York City and internationally—must unite in the struggle for genuine socialized medicine.

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