Mistrust hinders mental health line

Black communities wary after launch of national 988 system

By Michael Goldberg
Associated Press

Isabelle Row is a crisis line specialist at The Harris Center for Mental Health and IDD in Houston. **BRANDON THIBODEAUX/THE NEW YORK TIMES**

JACKSON, Miss. — On a few occasions, Sitaniel Wimbley's mother grew manic in her front yard. When neighbors were met with screaming and cursing on their street in Natchez, Mississippi, they would dial 911.

An officer would arrive to collect Wimbley's mother, who battled chronic bipolar schizophrenia. Her first stop was jail. Then she would be taken to a place she still can't bring herself to drive near decades later: the Mississippi State Hospital in Whitfield. Once there, she would be detained with what she said was little explanation. No one told her how long she would be held for treatment; they just told her she couldn't leave.

Stories like these reverberate through generations, stoking mistrust of the mental health system, especially within Black communities.

As director of the Mississippi chapter of the National Alliance on Mental Illness, Wimbley, who is Black, is on the front lines of a local effort with national implications. She is working to strengthen connections between mental health programs and people skeptical of their services. The work takes on a renewed urgency after the federal government launched the United States' first nationwide three-digit mental health crisis hotline on July 16.

The 988 system builds on the National Suicide Prevention Lifeline, an existing network of over 200 crisis centers staffed by counselors who answer millions of calls annually — about 2.4 million in 2020. The line is designed to work like 911, but will connect callers with trained mental health counselors instead of police, firefighters or paramedics. The federal government has provided over $280 million for states to build up their systems. But federal officials are grappling with how local teams staffing 988 lines will contend with suspicion of the medical establishment.

The specter of what has sometimes happened when authorities intervene — people trapped in overlapping systems rife with mistreatment — complicates efforts to provide care.

"These are the stories that have been passed down," Wimbley said. "That's what hinders us."

The U.S. Justice Department sued Mississippi in 2016, arguing the state had done too little to provide mental health services outside mental hospitals. During a 2019 trial, federal attorneys said mentally ill people were being improperly detained because crisis teams did not respond to incidents. The attorneys said people had also been forced to live far from their families because mental health services were unavailable in their hometowns. A U.S. district court judge ruled Mississippi violated the Americans with Disabilities Act. In 2021, the Justice Department ordered Mississippi to revamp its mental health system.

Improper detentions and other issues contribute to what some experts say is an underutilization of mental health services within communities of color. Only 1 in 3 African Americans who need mental health care receives it, according to the American Psychiatric Association.

"It's not because people don't want to use mental health services," said Sirry Alang, a professor of sociology and health at Lehigh University. "It is because they're using mental health services in the context of incarceration and police brutality."

As jails outnumber hospitals that offer psychiatric drop-off sites, they have become the largest mental health institutions in some states.

Congress designated 988 as the universal number for the mental health crisis hotline system in 2020 after nationwide protests against cases of police brutality. Organizations such as Mental Health America endorsed 988 as a tool to limit "the number of people who are needlessly involved in the criminal justice system because of a mental health crisis."

The Department of Health and Human Services is urging partners in each community to communicate the distinction between 911 and 988. To break through with such messages, Alang said local crisis response teams also must understand the social fabric of the communities they serve.

"As we think about the national crisis line and rebuilding trust, it's very important to understand that people don't use the mental health system as individuals," Alang said. "They use them as people in communities and networks."

A new strategy is informed by the idea that family and community networks can drive people toward mental health treatment as quickly as they can drive people away.

Mental health was also a touchy subject for Joyce Coleman and her mother. Coleman grew up with seven siblings in rural Mississippi. Mental illness afflicted some family members, but treatment was never discussed.

"There was this idea that you don't need treatment, that you just needed to get yourself together, or you needed to pray more," Coleman recalled.

The idea that prayer alone can treat mental illness is one Coleman, a care coordinator at HealthPartners, a Minneapolis health care provider and insurance company, works to dispel. But ministry work has offered her a venue to begin spreading the gospel of mental health care.

"If you want something to spread, church is where it starts," Coleman said. "The fact that I'm connected with a health care organization makes it even better."

Doctors weigh odds on abortion exceptions

Hesitation risky for pregnant women with complications

By J. David Goodman and Azeen Ghorayshi
The New York Times

Each of the 13 states with bans on abortion allows some exemption to save the life of the woman, but making that determination has become fraught with uncertainty and legal risk, doctors in several states say. **LIZ MOSKOWITZ/THE NEW YORK TIMES**

HOUSTON — Dr. Amanda Horton, an obstetrician who specializes in high-risk pregnancies, had been counseling pregnant patients at a small hospital in rural Texas last month when a woman arrived in crisis: It was only 17 weeks into her pregnancy, and her water had broken.

The fetus would not be viable outside the womb, and without the protection of the amniotic sac, the woman was vulnerable to an infection that could threaten her life. In Colorado or Illinois, states where Horton also practices and where abortion is generally legal, there would have been an option to end her pregnancy.

Texas has a ban on most abortions, providing an exception when a woman's life is threatened. But the patient's life in this case was not in immediate danger — yet. The hospital sent her home to wait for signs of infection or labor, Horton said.

Worried and with nowhere else to turn, the woman instead traveled hundreds of miles to New Mexico for an abortion.

Her patient, Horton said, made a choice "for her life."

Each of the 13 states with bans on abortions allows for some exemption to save the life of the woman or to address a serious risk of "substantial and irreversible impairment of a major bodily function."

But making that determination has become fraught with uncertainty and legal risk, doctors in several states said, with many adding that they have already been forced to significantly alter the care they provide to women whose pregnancy complications put them at high risk of harm.

Last week, Texas Attorney General Ken Paxton sued the Biden administration over federal guidelines that required doctors to perform an abortion, even in states with abortion bans, if they determined it was necessary to treat dangerous pregnancy complications.

Amid the legal wrangling, hospitals have struggled with where and how to draw the line. Some have enlisted special panels of doctors and lawyers to decide when a pregnancy can be prematurely ended. Others have required multiple doctors to sign off on any such decision and document in detail why an abortion was necessary.

The result has delayed treatment and heightened risk, doctors said.

"It's like you bring lots of people to the top of a high-rise and push them to the edge and then catch them before they fall," said Dr. Alireza Shamshirsaz, an obstetrician and fetal surgeon who practiced in Houston until last month. "It's a very dangerous way of practicing. All of us know some of them will die."

The impact in these cases is on women who want to have children, only to encounter complications during pregnancy. The option to terminate the pregnancy has long been part of the standard care offered by doctors in situations where there is a risk of harm — or even death — to the mother.

The effect has been most visible in Texas, which passed a law prohibiting most abortions after six weeks of pregnancy last September.

A new study of two hospitals in Dallas County found that after the Texas law went into effect, pregnant women facing serious complications before fetal viability — mostly because their water broke prematurely — suffered because they were not allowed to end their pregnancies.

Out of 28 women who met the criteria for the study, more than half experienced "significant" medical problems, including infections and hemorrhaging, in the face of state-mandated limits on treatment, the study found. One woman required a hysterectomy. And the rate of maternal health problems was far higher than the rate in other states where patients were offered the option to end their pregnancies, according to the study.

"You nearly doubled the complication rate for the mother," said Dr. Judy Levison, a Houston obstetrician, referring to the study, which she was not involved in. She added that all but one of the pregnancies ended with the death of the fetus.

"So why did they put them through that?" she said of the women.

This month, the Texas Medical Association sent a letter to state regulators asking them to step in after the association received complaints from doctors that hospitals were preventing them from providing abortions when medically necessary to women because of fear of running afoul of the law, The Dallas Morning News reported.

In Missouri, an abortion ban went into effect in June with an exception for medical emergencies that required immediate abortions to avoid death or injury. The word "immediate" is being pored over by hospital administrations across the state, with questions about whether it refers to an imminent danger of death or an urgent threat to a woman's health.

Some hospitals, as in Texas, have considered internal review panels to approve medically necessary abortions to reduce their legal liability. Others are requiring that multiple doctors sign off.

"All the physicians are complaining, but no one wants to speak up because of the possible consequences; we can be fired," said Shamshirsaz, the Houston surgeon.

He described a colleague who had a patient with twins. At 15 weeks, she delivered one stillborn and asked to abort the other because of the risk of infection. Her case went before the hospital's committee, but the abortion was denied because the fetus still had a heartbeat.

"We sent the patient home against her will," he said.

The woman returned to the hospital about two weeks later feeling sick. Her pregnancy was terminated out of concern for her health, Shamshirsaz said, but she had to be admitted to the intensive care unit for sepsis and acute kidney injury — both life-threatening conditions.

"We have to wait until the mom comes with those symptoms," he said.

All pregnancies come with risks to the health and life of the woman. Researchers have found the risk of complications and death are higher for pregnancy than for abortion.

Miscarriages occur in 15% of all pregnancies and may require a procedure — also used in some abortions — to remove the fetus. Preeclampsia, or pregnancy-induced high blood pressure, occurs in 5%-8% of all pregnancies and can be deadly. There is a 2% chance a pregnancy can be ectopic, meaning the fertilized egg has implanted outside of the uterus, making the pregnancy nonviable and threatening the life of the woman.

But in the new legal landscape, no one is certain how serious those conditions must get before they justify an abortion under the law.

"It's all odds," said Dr. Charles Brown, the Texas district chair of the American College of Obstetricians and Gynecologists. "How high a percentage does it need to take before you get everyone to agree this woman's life is in danger?"