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HEALTH | NYT NOW

Seeing Sons' Violent Potential, but Finding Little Help or Hope

By **BENEDICT CAREY** JUNE 21, 2014

GENEVA, Ill. — The 15-year-old was perched on his bed, smoking a cigarette, when his mother came in. She demanded he put it out; he refused; she reached to take it from his mouth.

"He leaned back on the bed and kicked me so hard I flew across the room into the dresser and landed on the floor," the mother, Lena Serpico, said of the recent confrontation with her older son, who has received multiple psychiatric diagnoses. "Until then, I feared that he would harm himself. Now, I'm scared for myself and the rest of the family, too."

Shootings in places like Isla Vista, Calif., and Newtown, Conn., have turned a spotlight on the mental health system, and particularly how it handles young, troubled males with an aggressive streak. About one in 100 teenagers fits this category, according to E. Jane Costello, a psychiatric epidemiologist at Duke University School of Medicine, and they often have multiple diagnoses and are resistant to treatment.

Most of these young men will never commit a violent crime, much less an atrocity. But the questions of how best to help them and how to pay for it are among the most intractable problems hanging over the system.

Thousands of families know this experience too well: No single diagnosis fits, no drug brings real relief, and if the teenager rejects the very idea of psychotherapy, there is little chance of lasting improvement.

Congress has taken steps to bring about so-called parity for mental health, requiring insurers to cover treatments for mental illnesses as they do those for

diseases like cancer and diabetes. But parents like the Serpicos have found that, even with good insurance, they often cannot get the expensive, long-term residential treatment they believe their child needs.

And it is not clear how effective intensive residential treatment is for teenagers. Some improve, experts say, but they are usually discharged to the same environment in which they got into trouble, and precious few studies follow them for longer than several months.

"The problem is that, while some kids may benefit from these extremely costly services, we don't know which ones they are, and we don't have a good model for distributing those services, no matter who's paying," said Sherry A. Glied, dean of the Wagner Graduate School of Public Service at New York University.

Struggling Young

Lena and Robert Serpico knew something was not right before their son was in kindergarten. They had taken him and his younger brother in as foster children from a mother who used drugs, and they later adopted both. The older boy, whose name is not being published at the Serpicos' request, was restless and impulsive from the beginning and got his first diagnosis at age 4: attention deficit hyperactivity disorder.

He began taking Ritalin in elementary school and seemed to improve. He was able to sit still for longer periods in class. He did much of his schoolwork, played baseball, starred as a sprinter in seventh grade and eventually picked up the guitar. He was fun to be around, and still can be. "He's got a great sense of humor, once he gets started," said his father, who owns a business here.

Yet in eighth grade, around the time he had his first girlfriend, his moods darkened, and he began hinting that he wanted to kill himself. "He just got sad and started going in his room," his younger brother, 14, said.

He made his first suicide attempt at age 14, swallowing a handful of sleep-aid pills. He began cutting himself on occasion and announced plans for a second suicide attempt on a social media site, showing a picture of his arms with scars.

"It's impossible to describe how terrifying this was," Ms. Serpico said.

Both times, he was hospitalized but, despite the family's insistence that he

needed more help, was discharged with a recommendation to see a psychiatrist.

The Serpicos have high-end insurance; Ms. Serpico, 45, works for a large insurance broker and made sure of it. Her policy covered regular visits with psychiatrists, who gave her son numerous diagnoses: depression, bipolar disorder, reactive attachment disorder and features of borderline personality disorder.

The doctors also put him on various combinations of psychiatric drugs, including antidepressants, mood-stabilizing agents and Risperdal, a tranquilizer often used to calm aggression. But the medicating was to little avail. The young man still periodically threatened suicide. And last year, he began to smoke marijuana and to use prescription painkillers when he could get them.

"Look, I grew up in a tough neighborhood; I know what boys can get up to," said Mr. Serpico, 50. "But there's no question he started to cross the line."

Insurance Gantlet

By the time their older son was in high school, the Serpicos had also tapped resources in the community. Geneva is a suburb of 20,000 a little over an hour west of Chicago, straddling the Fox River. It has the feel of a restored river town, with a new brewpub, a yoga studio, good restaurants and schools, and a responsive police department.

Ms. Serpico called the police several times on her son, but under state law, the authorities are allowed to lock up minors only if they present an imminent threat to the community. "The bar is very high," said Detective Brad Jerdee, a youth liaison officer at the Geneva Police Department. "The person has to have committed crimes like sexual assault, homicide or arson."

As the teenager became increasingly indifferent to school and defiant, the family got him into a highly recommended day therapy program. He was thrown out for bringing a razor blade to a session. The family tried again, at another day program, and this time the program kicked him out for refusing to participate.

"It's useless, all this stuff," he said in a brief interview. "It's a waste of my time."

He entered an alternative school last fall, and his parents, who both work outside the house, decided they had only one option left, recommended by their

son's doctor and therapist: long-term residential care. Costs ranged from $10,000 to $60,000 a month.

"No way we could afford that," Ms. Serpico said.

Ms. Serpico knows her way around insurance bureaucracies. She has worked as a broker for 20 years, helping to negotiate policies and prices. No matter: Last year, while her son was in a hospital after his suicide attempt, her carrier, Anthem Blue Cross, denied coverage for residential care. The case "did not meet the behavioral health medical necessity criteria applicable to your benefits," the company said in a letter, citing among other reasons that "your doctor is not sure which program will be the best for you when you discharge" from the hospital.

"I called the insurance company nonstop for two straight days, begging and pleading for help," Ms. Serpico said. "I finally got through to a decision maker and said that if my son is released home and dies, it will be on your conscience." She also threatened "to call every news organization in the country" if the insurance coverage did not come through.

The next day, Anthem approved coverage at a residential program in Indiana — on a week-by-week basis. After two months, the teenager was back at home, as troubled as ever, Ms. Serpico said.

Anthem declined to discuss details of the case because of privacy concerns. "All requests for treatment at a residential treatment center were approved, except for determinations made in concert" with the treating doctor, the company said in a statement.

Wrenching Choices

Families who have sought help for similarly struggling children report the same kinds of uncertainties in diagnosis, treatment and coverage.

"My son was diagnosed with A.D.H.D., and then later it was mood disorders, depression," said Kim Sutton of Bristol, Ind., whose son, now 20, was repeatedly in trouble at school, once for taking pocketknives to class. "In the end, I had to make him a ward of the state to get residential care. For a parent, this is just a terrible decision to have to make."

Kurt and Tricia Baker of Princeton, N.J., fought for their insurance carrier to cover residential care for their 18-year-old son, Kenny, who was suicidal, but the

coverage ran out quickly. He killed himself in 2009, and the Bakers have started a nonprofit, Attitudes in Reverse, to raise awareness about mental health care and suicide.

"No one takes accountability for your child to be successfully diagnosed or treated," Mr. Baker said. "Doctors turn them down; therapists turn them down. The result is that the highest-risk patients get pushed out of the system."

Out of options, the Serpicos did what many affluent families do: They hired a lawyer. In January, they petitioned the school district to pay for their son's education at a therapeutic school. A consulting psychologist hired by the district concluded that their son needed "a 24-hour-a-day therapeutic milieu over an extended period of time, i.e., longer than two months, in order to keep him safe and gain the skills necessary to function post-high-school."

Last month, they learned that the suit had been successful. The Geneva School District will pay for the young man to attend a therapeutic school in Montana for one academic year. There will be horses, physical labor, and group and one-on-one talk therapy. Ms. Serpico and her husband broke the news to their son this month.

When asked about going to the new school, he shrugged and looked away.

"I don't know," he said. "Probably useless, too."

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