

More psychiatric beds sought as demand jumps

BY APRIL BETHEA
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Stress in a poor economy has helped fuel a spike in people seeking help at Mecklenburg mental health facilities, including the county's psychiatric hospital at CMC Randolph.

The hospital's 24-hour call center has experienced calls jumping by one-third since mid-2007. Calls last December topped 20,000, and they've stayed in that range.

Visits to the emergency department have fluctuated, with 1,215 visits recorded in February, county statistics show. And the hospital's inpatient psychiatric ward for adults has been at or above capacity for 18

months.

The demand comes as the county Area Mental Health department has had declines in local and state funding. But leaders say the challenges haven't compromised care.

"Absolutely not," says Area Mental Health Director Grayce Crockett. "(Carolinas Medical Center) and their emergency room ... continue to provide high-quality services for consumers here in Mecklenburg County, and budget cuts have not impacted that in the least."

Still, Crockett and others say they see a need for more mental health services in the future, especially in the number of psychiatric beds available for patients. In 2007, Crockett told

a state legislative panel the county would need 80 to 90 new beds within the next five years at a cost of \$50 million. Last week, she said officials are evaluating that need.

"It is a reality that there aren't enough beds in North Carolina right now," says Debra Dihoff, executive director for an advocacy group called the National Alliance of Mental Health in North Carolina. She worries that officials might feel pushed to make decisions about treatment based on whether beds are available.

Crockett says that doesn't happen. The hospital at CMC Randolph has 66 psychiatric beds, including 44 designated for adults. Statistics show the

county has been at or above capacity in the adult beds consistently since September 2008.

If the beds are full and a patient needs to be hospitalized, Crockett said the county sends the patient to the state-run Broughton Hospital in Morganton.

Meanwhile, the county has taken other steps to help residents needing mental health treatment. In the past year, law enforcement officers have received training to better identify and work with people showing signs of mental illness. At some point, the county hopes to open a crisis center to help stabilize people that police officers believe might have mental problems.

CHAPMAN

■ from 1A

Officials at Carolinas Medical Center, which runs the county psychiatric hospital at CMC-Randolph on Billingsley Road, say confidentiality laws prohibit them from confirming whether Chapman was a patient or discussing any treatment.

But typically, if a patient kills himself or someone else after seeking help at the hospital, officials say the county will investigate to see what, if anything, went wrong.

Experts say emergency rooms commonly see people who threaten to hurt themselves and others. Clinicians must evaluate the threat and how best to treat the person. In severe cases, patients can be involuntarily hospitalized. But many are treated with outpatient care.

"Doctors make their best clinical judgment at the time," says Mecklenburg's Area Mental Health Director Grayce Crockett.

"It is very difficult to determine imminent risk with someone...(and) whether or not they will take action on thoughts or feelings that they have."

Falling into trouble

Kenny Chapman grew up with his mom and stepdad in New Jersey and seemed to succeed, they say. He played high school football and baseball, and after graduating, he went on to automotive school in Nashville.

He got a job as a mechanic in the late 1990s for Ford Motor Co. in New Jersey.

He adored his first-born daughter and shared custody with her mother, Chapman's stepdad said. The little girl lived with Chapman and his parents, who helped raise her.

"(They) went out a lot...to Chuck E. Cheese's, the circus, things like that," says stepfather James Cosby.

"He loved her and she loved him."

But Chapman and his daughter moved away after he took a buyout from Ford, Cosby says.

The father and daughter lived in Virginia and West Virginia, keeping sporadic contact with his parents. Chapman married Nateesha Ward, who had a daughter of her own, around 2006. The couple blended their families, then had two kids of their own.

Cosby isn't sure when the family began having trouble.

But the Chapmans struggled to pay their bills. They were sued by one creditor, court records show. And Chapman was drinking. He was twice charged with drunken driving in 2009, he later told doctors.

He'd had contact with mental health services in West Virginia, where he sought treatment for depression, records show.

The Chapmans moved to Charlotte about nine months ago for "a fresh start," he told a doctor.

Chapman got a part-time job handling packages for FedEx. And the family of six rented an apartment in south Charlotte and found sanctuary at New Beginnings Community Church in Matthews.

Chapman went to Alcoholics Anonymous meetings.

The kids made friends and played outside. Both parents were involved in the kids' schools. Neighbors didn't notice any strife.



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From left, Kiana Butler, 15, (holding photo printout), Kori Roseboro (dark T-shirt), 14, Deasia Gailliard, 14, and Joy Brown, 13, were friends of McClintock Middle School classmate Na'Jhae Parker, who was recently killed.

But records show the Chapmans struggled to make it on \$800 a month. They got food stamps and Medicaid. And their landlord began eviction proceedings three times.

Last September, someone called Mecklenburg's Department of Social Services. The agency didn't open a case on the family, officials said, because the information provided in the complaint "did not meet the legal definition of abuse, neglect or dependency."

'I need some help'

Chapman stopped going to AA last December, he told doctors.

His first visit to Mecklenburg's mental health center came Feb. 28, records show.

"I need some help," he told a nurse during a two-hour evaluation.

He was drinking, he reported. He felt depressed and was sleeping just three to four hours a night. He had been fighting with his wife and was having thoughts of "harming" her, a medical screener wrote in his records.

The screener circled the word "homicidal" in describing his problem.

He also had access to guns, he reported. Chapman had a rifle at home, and a .45-caliber pistol.

"I feel like hurting someone or myself," he wrote in a questionnaire. "I've been fighting with my spouse a lot and words that she said to me that have made me angry...I don't feel like myself."

It was a "chronically volatile relationship," a doctor wrote, with verbal and physical conflicts.

Chapman also thought about harming animals, he said.

A nurse wrote that Chapman "wants to get into the system." He was new to Charlotte and lacked social support, he said. He wanted "to talk to someone and get a solution that helps me," he wrote on the questionnaire.

During the evaluation, records show Chapman saw at least four different clinicians, including a psychiatrist.

A nurse noted that he later denied wanting to harm himself or others. In a mental exam, she found his mood, appearance, thought processes and speech appropriate. She found none of 10 danger signs that he was a threat, and a doctor called it a "low complexity" case.

So they sent Chapman home, with reading materials about community resources and a prescription for medication to treat anxiety and depression.

Chapman was to call back within a day to make an appointment for therapy. His family was getting ready to move, and records don't say

whether he followed up.

A final plea

Two weeks later, Kenny and Nateesha Chapman had a screaming match.

The kids heard the arguing that Monday night, March 15.

Kenny left the house and soon appeared again at the mental health center's emergency room.

It was 2 a.m. on March 16. "WANTS TO HURT HIS WIFE," a staffer wrote as Chapman's reason for coming in.

They launched a series of interviews, a mental and physical exam, and observed him for the next four hours.

They checked vital signs and noted that his appearance, concentration, thought processes and orientation were normal.

A nurse marked his mood as "sad."

Chapman still had trouble sleeping, little appetite and had lost weight.

"I want to kill my wife," he told staff. He was having hallucinations, he said: "I see shadows of people every day."

Chapman said he felt stressed about his finances, issues with his oldest child, low self-esteem and feelings of inadequacy, a nurse wrote.

Again, records show, he reported that he had access to firearms.

And again, he saw at least four clinicians, including a psychiatrist.

He thought his medicine from the last visit was helping "some," although experts say such drugs can take weeks to become effective.

In separate interviews later in his visit, Chapman told a nurse and a doctor that he wasn't going to harm anyone.

The nurse wrote that Chapman "denies" wanting to kill his wife, but "I'm tired of her BS."

On a risk assessment form, she checked "No" for the 10 danger signs. But she noted he'd had homicidal thoughts earlier. It's unclear whether anyone informed his wife or social service agencies about Chapman's comments.

His doctor wrote that Chapman said he could "refrain from harm to self and others." The doctor felt Chapman had a "depressive disorder."

During the hospital visit, a staffer checked on Chapman at least seven times - every half hour - and each time marked "no aggression noted" on a Violence-Aggression Checklist. He was calm, according to staffers. For 45 minutes, he sat quietly with his eyes closed.

The hospital decided to send Chapman home. A doctor categorized his ER visit as "moderate complexity."

Had the doctor found Chapman's situation more threatening, he could have asked Chap-

man to voluntarily go into the hospital or had him involuntarily admitted as an emergency.

He increased the dosage of anti-anxiety medication and gave Chapman a pamphlet on healthy sleep. Chapman was instructed to make an appointment for himself and pursue couple's therapy.

Chapman left the hospital around 6 a.m. on Tuesday, March 16.

Anger explodes

Back at home, the school day began as always. The kids went to school and day care.

But while they were gone, police say Chapman suffocated his wife in the family's old apartment on Via Romano Drive.

That night, while Chapman's first-born daughter, now 10, was downstairs with her 2-year-old brother, she heard her older stepsister screaming upstairs.

Police say Chapman stabbed 13-year-old Na'Jhae Parker, and suffocated his one-year-old daughter, Nakyiah.

SEE CHAPMAN, 8A

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