



# THE COMMITTEE ON ENERGY AND COMMERCE

## MEMORANDUM

March 24, 2014

TO: Members, Subcommittee on Oversight and Investigations

FROM: Committee Majority Staff

RE: Hearing on “Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage”

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On Wednesday, March 26, 2014, at 10:00 a.m. in 2123 Rayburn House Office Building, the Subcommittee on Oversight and Investigations will hold a hearing entitled “Where Have All the Patients Gone? Examining the Psychiatric Bed Shortage.” As part of the Committee’s ongoing oversight of Federal spending on research and treatments for mental illness, the aim of this hearing is to explore the implications of the nationwide shortage in inpatient psychiatric beds, including the growing trend of patients requiring admission for psychiatric care being *boarded* for extended periods of time in emergency departments until an inpatient psychiatric bed becomes available. The hearing also will examine the strain that this shortage exerts on the seriously mentally ill throughout our communities in the form of homelessness as well as increased contact with law enforcement and the criminal justice system, more generally.

### I. WITNESSES

One panel of witnesses will testify:

- Lisa Ashley, Parent of a son with serious mental illness, Sacramento, CA;
- Jeffrey L. Geller, M.D., M.P.H., Professor of Psychiatry and Director of Public Sector Psychiatry, University of Massachusetts Medical School, Worcester, MA;
- Jon Mark Hirshon, M.D., M.P.H., Ph.D., FACEP, Task Force Chair, 2014 American College of Emergency Physicians National Report Card on Emergency Care, Associate Professor, Department of Emergency Medicine, University of Maryland School of Medicine, Baltimore, MD;
- Michael C. Biasotti, Chief of Police and Immediate Past President of New York State Association of Chiefs of Police, Parent of a daughter with serious mental illness, New Windsor, NY;
- Thomas J. Dart, Sheriff, Cook County Sheriff’s Office, Chicago, IL;

- Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, Eleventh Judicial Circuit of Florida, Miami, FL;
- Gunther Stern, Executive Director, Georgetown Ministry Center, Washington, D.C.;
- Hakeem Rahim, Ed.M., M.A., Speaker and mental health educator and advocate, Hempstead, NY;
- LaMarr D. Edgerson, Psy.D., LMFT, NBCCH, Clinical Mental Health Counselor, Director at Large, American Mental Health Counselors Association, Family Harmony, Albuquerque, NM; and
- Arthur C. Evans Jr., Ph.D., Commissioner, Department of Behavioral Health and Intellectual disAbility Services and University of Pennsylvania, Philadelphia, PA.

## **II. BACKGROUND**

Fifty years have passed since President John F. Kennedy signed the Community Mental Health Centers Act (P.L. 88-164), transforming the Federal government's involvement in mental health. Prior to the enactment of P.L. 88-164, the care of individuals with psychiatric disorders had been regarded largely as a State and local responsibility.

In a February 5, 1963, address to Congress introducing his proposals on "Mental Illness and Mental Retardation," President Kennedy announced a program which envisioned the closing of State psychiatric hospitals and the opening of Federally funded community mental health centers (CMHCs) to provide psychiatric services. This approach, working in parallel with the passage of Medicaid under the Johnson administration – which shifted the financial burden for persons outside of State hospitals to the Federal government – encouraged States to view this as a way to save State funds, and they effectively ceased their efforts to develop or improve existing services on their own. Taken in combination with the introduction of the first effective antipsychotic medication onto the market in the 1950s, the deinstitutionalization of patients from State hospitals proceeded apace.

However, many of these discharged patients were not adequately cared for by the new CMHC system, and a majority of those discharged from State psychiatric hospitals or who developed mental illness after the hospitals closed, ended up homeless, incarcerated in jails and prisons, or living in nursing homes.<sup>1</sup> It has been estimated that 20% to 40% of the U.S. prison population has serious mental illness (SMI).<sup>2</sup> In fact, the country's three biggest jail systems – Cook County, in Illinois; Los Angeles County; and New York City, with more than 11,000

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<sup>1</sup> E. Fuller Torrey, "How to Reform the Mental Health System," *The Heritage Foundation*, December 19, 2011, available at: <http://www.heritage.org/research/reports/2011/12/how-to-bring-sanity-to-our-mental-health-system>

<sup>2</sup> E. Fuller Torrey, *American Psychosis: How the Federal Government Destroyed the Mental Illness Treatment System*, (Oxford: Oxford University Press, 2014), 117 [hereinafter Torrey, *American Psychosis*].

prisoners receiving treatment on any given day, represent the largest mental health treatment facilities in the country – many times larger than the largest State-run mental hospitals.<sup>3</sup>

The emptying out of State psychiatric hospitals was accompanied by a sharp decrease in the availability of public psychiatric beds. Over the past half-century, their number, nationwide, has decreased from 559,000 to 43,000.<sup>4</sup> Difficulty in accessing comprehensive mental health services across the continuum of care – whether in inpatient or outpatient community settings – increasingly has caused patients in need of psychiatric care to turn to hospital emergency departments for treatment. For example, nationally, more than 6.4 million visits to emergency rooms in 2010 – or about 5% of total visits – involved patients whose primary diagnosis was a mental health condition or substance abuse, an increase of more than 28% over four years earlier, according to data collected by the Agency for Healthcare Research and Quality, a research agency within the Department of Health and Human Services.<sup>5</sup>

In addition to a lack of public psychiatric beds, adequate outpatient facilities and other community resources, concerns over physician liability and difficulties in placement or transfer of an individual to a receiving facility are also factors that have contributed to the growing trend of patients awaiting admission for psychiatric care being held in the emergency department until an inpatient psychiatric bed is available, a phenomenon referred to as “psychiatric boarding.”<sup>6</sup> A small number of “high users” often can tie up hospital operations. For example, according to a 2009 report, just nine people – at least seven of whom were diagnosed with mental illness issues – accounted for nearly 2,700 of emergency room visits in the Austin, TX area since 2003.<sup>7</sup> Naturally, psychiatric boarding adds to the burdens of already overcrowded emergency departments and negatively impacts access for all patients requiring emergency care, resulting in increased wait times and more frequent ambulance diversions.

A 2008 survey distributed to 1,400 hospital emergency department medical directors by the American College of Emergency Physicians (ACEP), nearly a quarter of whose departments responded, revealed some shocking realities concerning psychiatric boarding that are worth noting:

- Nearly 80% of respondents said psychiatric patients are boarded in their emergency departments.

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<sup>3</sup> Gary Fields and Erica Phillips, “The New Asylums: Jails Swell With Mentally Ill,” *The Wall Street Journal*, September 25, 2013, available at:

<http://online.wsj.com/news/articles/SB10001424127887323455104579012664245550546>

<sup>4</sup> E. Fuller Torrey and Doris Fuller, “The Potential Killers We Let Loose,” *The Wall Street Journal*, December 18, 2012, available at: <http://online.wsj.com/news/articles/SB10001424127887324407504578185361458883822>

<sup>5</sup> Julie Creswell, “E.R. Costs for Mentally Ill Soar, and Hospitals Seek Better Way,” *The New York Times*, December 25, 2013, [hereinafter, Creswell, “E.R. Costs”] available at:

[http://www.nytimes.com/2013/12/26/health/er-costs-for-mentally-ill-soar-and-hospitals-seek-better-way.html?\\_r=0](http://www.nytimes.com/2013/12/26/health/er-costs-for-mentally-ill-soar-and-hospitals-seek-better-way.html?_r=0)

<sup>6</sup> ACEP Psychiatric and Substance Abuse Survey 2008. Dallas, TX: American College of Emergency Physicians, available at: [http://www.acep.org/uploadedFiles/ACEP/Advocacy/federal\\_issues/PsychiatricBoardingSummary.pdf](http://www.acep.org/uploadedFiles/ACEP/Advocacy/federal_issues/PsychiatricBoardingSummary.pdf)

<sup>7</sup> “Nine Texans made nearly 2,700 ER visits,” *USA Today*, April 2, 2009, available at:

[http://usatoday30.usatoday.com/news/health/2009-04-01-er-patients\\_N.htm](http://usatoday30.usatoday.com/news/health/2009-04-01-er-patients_N.htm)

- 62% of respondents indicated there are no psychiatric services involved with patient care while patients are being boarded in the emergency department prior to admission or transfer.
- According to a survey of emergency physicians conducted by ACEP in 2004, psychiatric patients board more than twice as long as medical patients; 2008 data reveals that over 60% of psychiatric patients needing admission stay in an emergency department over 4 hours after the decision to admit has been made and 33 percent are boarded over 8 hours with 6% over 24 hours.
- 72% of respondents agreed that psychiatric patients in the emergency department require more nursing and other resources than non-psychiatric patients.

The typical emergency department's frenzied atmosphere is not conducive to stabilizing a patient experiencing a mental health crisis. For instance, the principal author of ACEP's 2008 survey, Dr. David Mendelson, has noted that "[t]he environment of a busy emergency department may function to exacerbate their symptoms, often requiring them to be sedated, rather than providing the specific care they need."<sup>8</sup> At the same time, neither is the boarding of acutely ill mental health patients – many of whom have a poor record of compliance with prior treatment – without cost to the emergency departments themselves. While the vast majority of people with schizophrenia, bipolar disorder, or major depression are not violent, individuals with SMI are at an elevated risk of exhibiting violent behavior – two times, or greater, than the average person – directed at themselves or others.<sup>9</sup> With widespread violence reported against nurses and other caregivers, hospital emergency departments have increasingly been forced to install armed officers to monitor the most troublesome patients.<sup>10</sup>

While localities across the country have attempted to relieve the pressures of psychiatric boarding on their emergency departments through the reopening of contractor-operated psychiatric crisis centers,<sup>11</sup> the launching of pilot programs to provide mental health patients in the field who are judged not to be in need of emergency medical care alternatives to the emergency room,<sup>12</sup> or the design of a regional emergency mental health model featuring dedicated psychiatric emergency services programs,<sup>13</sup> many challenges remain in any effort to move beyond the current system.

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<sup>8</sup> Press Release, "Psychiatric Patients, Including Children, Routinely 'Boarded' in Emergency Departments," *American College of Emergency Physicians*, June 18, 2008, available at: <http://newsroom.acep.org/index.php?s=20288&item=29945>

<sup>9</sup> Torrey, *American Psychosis*, 131-136.

<sup>10</sup> Jessica Garrison and Molly Hennessy-Fiske, "Violence Afflicts ER Workers," *Los Angeles Times*, July 31, 2011, available at: <http://articles.latimes.com/2011/jul/31/local/la-me-hospital-violence-20110731>

<sup>11</sup> Joe Moore, "Fresno County to Reopen Mental Health Crisis Center," *Valley Public Radio News*, March 13, 2012, available at: <http://kvpr.org/post/fresno-county-reopen-mental-health-crisis-center>

<sup>12</sup> Cresswell, "E.R. Costs."

<sup>13</sup> Scott Zeller, "Psychiatric Boarding: Averting Long Waits in Emergency Rooms," *Psychiatric Times*, September 16, 2013, available at: <http://www.psychiatristimes.com/psychiatric-emergencies/psychiatric-boarding-averting-long-waits-emergency-rooms>

### **III. ISSUES**

The following issues may be examined at the hearing:

- How is the legacy of deinstitutionalization related to the public psychiatric bed shortage at present?
- Why are psychiatric patients often boarded in emergency departments?
- What are the impacts of psychiatric boarding on patient care and the ability of hospitals to provide effective emergency services?
- In what ways do the shortage in public psychiatric beds and psychiatric boarding impact on the public safety and welfare of our communities?
- What short-term and long-term options are available to mitigate the harmful impacts of psychiatric boarding?

### **IV. STAFF CONTACTS**

If you have any questions regarding this hearing, please contact Sam Spector of the Committee staff at (202) 225-2927.