A mental-health crisis brews
Kansas looks for solutions as emergency-room ‘boarding’ of psychiatric patients impacts treatment, endangers hospital staff

by Kansas Rep. Susan Concannon (susanna.concannon@house.ks.gov)

In Wichita, Kan., a mentally ill man is brought to the hospital by the police after a standoff in a nearby community. A nurse (we’ll call her “Judy”) is on duty in the emergency department. She is assigned to the Assessment Center — a five-bed secure unit for patients with more-severe psychiatric issues.

Following a six-hour wait in a regular emergency room and two hours in the Assessment Center, the patient has become agitated and the antipsychotic drug Haldol is prescribed. When Judy tries to give him the medication, she is punched in the face, breaking her nose. The man is restrained. Judy is cared for by her colleagues, until she starts having seizures. She is ultimately transferred to a sister hospital as a Level 5 trauma case. Charges are filed against the patient, but it takes the involvement of hospital administration before the police can remove the patient from the emergency department.

This is just one story of many shared by a nurse manager; such anecdotal stories have become routine in emergency rooms. With what many believe is a crisis brewing, it’s time to take a hard look at the issue of psychiatric boarding.

Shortage of beds triggers crisis
Psychiatric boarding is a term used to describe the holding of mentally ill patients, who are otherwise stable, for extended periods because beds are not available. The lack of beds or alternative solutions has created a crisis situation in emergency departments, with significant impacts on health providers, patient satisfaction and hospital costs.

Psychiatric boarding is not a new problem. It is a trend resulting from efforts to deinstitutionalize the mentally ill. Psychiatric inpatient beds have been reduced nationally from 560,000 to 38,000 over the past 60 years. While these efforts were well-meaning, one could contend that the pendulum has swung too far.

When a mentally ill patient shows up at an emergency department, he or she becomes part of a broken system. Such patients cannot be released due to safety concerns for both the patient and the public. The wait is on for a psychiatric evaluation, where access to consultation services is limited. Of utmost urgency is getting the state finances on solid ground and stabilizing the state hospitals, as well as taking a serious look at the poor payment structure in place to support mental health care.

One of the main reasons was the effort to fill out the paperwork.

In a more extreme Kansas case, a patient spent 48 hours in jail with one-year probation for his attack on a Lawrence nurse last July. He apologized at his hearing, explaining that since the incident, he had been hospitalized and diagnosed with bipolar disorder. Though staff members are compassionate about the situation, they are tired of fearing for their safety while not receiving the same protection as law enforcement or first responders.

Hospitals caught in middle

No one wants this to become a war between the advocates for the mentally ill and hospital staff, particularly not the hospitals caught in the middle. They are fulfilling their mission to the citizens of our community. "Judy") is on duty in the emergency department. With what many believe is a crisis brewing, it’s time to take a hard look at the issue of psychiatric boarding. The man is restrained. Judy is cared for by her colleagues, until she starts having seizures. She is ultimately transferred to a sister hospital as a Level 5 trauma case. Charges are filed against the patient, but it takes the involvement of hospital administration before the police can remove the patient from the emergency department.

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No one wants this to become a war between the advocates for the mentally ill and hospital staff, particularly not the hospitals caught in the middle. They are fulfilling their mission to the community, while suffering financial loss, poor outcomes, and concerns for the safety of their staff. These issues are particularly severe in rural areas, where access to consultation services is limited.

As this issue continues to snowball toward disaster, Kansans are working to get a grip on the crisis. Of utmost urgency is getting the state finances on solid ground and stabilizing the state hospitals, as well as taking a serious look at the poor payment structure in place to support mental health care.

The nurse manager has hundreds of stories. She is so relieved to know someone cares. It’s not enough just to care about the issue; legislators need to team with mental-health advocates, law enforcement, hospitals and emergency staff to find solutions.

Rep. Susan Concannon, a Republican from Beloit, was first elected to the Kansas House in 2012. She served as co-chair of the Midwestern Legislative Conference Health & Human Services Committee in 2015 and 2016.

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