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 (susan.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 3 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 for emergency departments. 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.

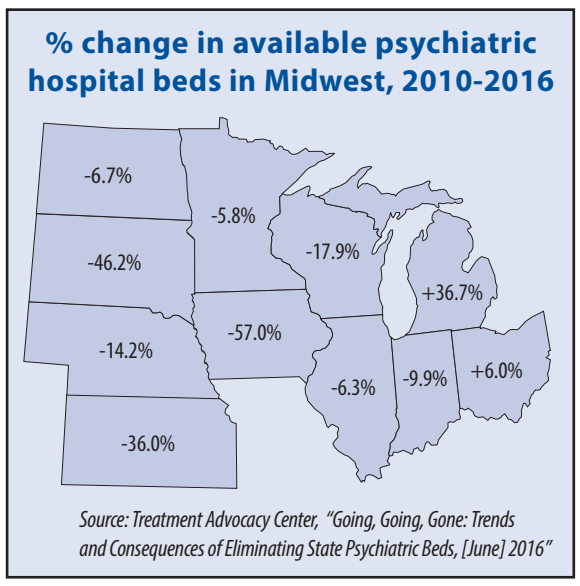
Psychiatric boarding is not a new problem. It is a trend resulting from efforts to deinstitutionalize the mentally ill. Psychiatric inpatient beds have been reduced nationally from 560,000 to 38,000 over the past 60 years. While these efforts were well-meaning, one could contend that the pendulum has 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 professionals are in short supply. Then begins the wait for a hospital bed to become available, which averages eight to 34 hours nationally. For my state, Kansas, these numbers were compounded by the moratorium on admissions at one of the state mental hospitals, due to a lack of federal and state funding.

With this "perfect storm" brewing, it's easy to understand how this contributes to the crowding of the emergency department, negatively impacting the mentally ill patient, other patients seeking treatment, the staff, and the hospital.

Dr. John McMaster, a Kansas physician, commented about the problem: "The boarding of patients with mental health and substance abuse conditions in my emergency department has had a very negative impact on our ability to adequately serve as the health-care safety net and to deliver timely, quality emergency care to the citizens of our community."



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These mentally ill patients are often sedated or restrained while they wait in a back room or hallway — all the while suffering hallucinations, paranoia and confusion. The bright lights, loud noises, and people rushing about to care for distressed patients are not conducive to their healing process. These mentally ill patients, if appropriately treated, may not even need hospitalization for their original diagnosis, but the extended wait in the emergency department magnifies their issues.

Many times, the lack of proper care agitates the mentally ill to the point of aggression. There are numerous documented cases of unruly patients attacking staff, leading to arrest. For the mentally ill, jail time just adds to the problems that they face. On the flip side, the law provides little protection for staff. In fact, the "slap on the wrist" is not considered worth 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 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.

To address the shortage of psychiatric professionals, mental health advocates will request more psychiatric residency seats, as well as changes in regulations concerning telemedicine. Though this cutting-edge technology is a promising solution to the issue, current licensure requirements drastically reduce the number of telepsychiatrists qualified to practice in each state.

Finally, in order to reduce boarding in emergency departments, Kansas is following the lead of other states by establishing regional emergency psychiatric facilities called crisis stabilization units. These units can allow admission directly or through emergency departments. They provide time for detoxification, for medications to take effect, or for external issues to resolve. The staff is interactive, working with the patient to resolve issues. Insurers, HMOs and Medicaid will find major savings, as expensive hospitalization is avoided 70 percent of the time.

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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