Statement before the
STATE HEALTH FACILITIES COUNCIL
By Betsy Johnson, Legislative and Policy Advisor
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Good morning, my name is Betsy Johnson. I am a Legislative and Policy Advisor for the Treatment Advocacy Center. TAC is a national nonprofit organization dedicated to eliminating legal and other barriers to the timely and effective treatment of severe mental illness. Our organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

I am here to shed light on the need to address the psychiatric bed shortage plaguing our country's cities, towns and villages. In 1955, there were 560,000 beds in state hospitals available for an estimated 3.3 million adults living with serious mental illness and other disabilities in the United States. By early 2016, slightly fewer than 38,000 of those state hospital beds remained for 8.1 million people with the same conditions. Even after including private, community and other hospitals, the United States ranks near the bottom of the world in psychiatric beds per 100,000 people. Iowa is no exception.

The most commonly cited minimum psychiatric bed target for the United States is 40 to 60 beds per 100,000 people, with a consensus of 50 beds per 100,000 for children and adults and both civil and forensic patients. According to the Substance Abuse and Mental Health Services Administration, in 2014, Iowa had 26 public and private beds per 100,000 people. The national average is 33. This puts both Iowa and the nation well below the recommended 50 beds per 100,000. (Substance Abuse and Mental Health Services Administration, 2016. National Mental Health Services Survey 2014: Data on mental health treatment facilities.)

Evidence that the United States does not have enough psychiatric beds to serve all the people with serious psychiatric diseases who need intensive care in a hospital is abundant. According to the National Institute of Mental Health and other sources, approximately half of all seriously mentally individuals in the United States are not receiving any treatment at any given time. Using NIMH prevalence data, TAC estimates that approximately 37,656 Iowans with either schizophrenia or bipolar disorder are currently going untreated.

Unfortunately, neither the United States nor any of our individual states have conducted research to determine how many psychiatric beds are needed to meet inpatient need and set supply targets. In the absence of a supply target, you must ask and listen to the people living and working in the community the hospital will serve, what is enough? The consequences of getting the answer wrong are dire, indeed.

A shortage of psychiatric beds contributes to a number of costly and sometimes dangerous social problems, including emergency departments overcrowded with patients in psychiatric crisis, patients caught in a revolving door when their illness is undertreated, law enforcement encounters that can end badly, jails and prisons overcrowded with inmates who are acutely ill, increased homelessness and, yes, sometimes increased violence.

The most widely recognized direct result of bed shortages is the phenomenon known as "boarding" — the practice of holding psychiatric patients for extended periods in hospital Emergency Departments (ED) until beds become available. The American College of Emergency Physicians (ACEP) reports that ED boarding is virtually universal in the United States. In 2016, half of ED doctors surveyed by ACEP said at least one psychiatric patient is boarded in their emergency rooms every day because no bed is available, with some patients waiting weeks for hospital admission. Elsewhere, one in five surveyed physicians have reported psychiatric patients waiting in their EDs from two to five days for hospital admission, and one in 10 emergency rooms have reported that patients in mental health crisis are boarded for weeks at a time.

Under the influence of widespread psychiatric bed shortages and pressure to reduce hospitalization costs, hospitals are releasing patients faster. This creates more bed capacity without requiring new beds. As a result, lengths of stay have been shrinking for decades. In 1980, the median length of stay for an acute episode of schizophrenia was 42 days. By 2013, it was about 7 days.

As a result, more people are competing for an even smaller number of inpatient psychiatric beds, where they stay ever shorter periods of time, after which they are more likely to be readmitted to the same hospital within weeks to six months of discharge. This revolving door exacerbates an already strained system.

When mentally ill individuals in crisis are not able to get hospital care in a timely fashion, they often end up in systems that weren't designed for front-line mental health care. Police and fire responders are increasingly diverted to mental health calls, and forced to expend enormous resources and personnel transporting psychiatric patients for evaluation or care. On average, an estimated 1 in 3 individuals transported to hospital emergency rooms in psychiatric crisis are taken there by police.

Individuals with mental illness also make up a disproportionate number of those killed at the very first step of the criminal justice process: while being approached or stopped by law enforcement in the community. By the most conservative accounts – official and unofficial – at least 1 in 4 fatal police encounters ends the life of an individual with severe mental illness. At this rate, the risk of being killed during a police incident is 16 times greater for individuals with untreated mental illness than for other civilians approached or stopped by officers.

In the U.S., county jails and state prisons have replaced hospitals for thousands of individuals with serious mental illness. Because individuals with serious mental illness are predisposed to committing minor crimes due to their illnesses, many end up being detained in county jails with limited or no mental health treatment until a hospital bed becomes available for them, assuming it ever does.

According to an article in the in the Des Moines Register (June 29, 2013), a hospital bed was not available for Doug Newby. Diagnosed with severe schizophrenia, Mr. Newby was arrested for "urinating on a friend's porch." During his three months in the Wapello County Jail, he was confined to a small cell by himself because of his outbursts. "He rarely left the cell, where he remained naked and incoherent much of the time…he often kept his mouth full of loose tea leaves or orange peels which he let fall to the floor when [the corrections officer] tried to give him medication." The jail attempted to

get him transferred to a state hospital, “but administrators there refused to take him, saying he was too difficult to control.” As Newby’s court-appointed lawyer summarized it: “He was too crazy for the mental health unit.”

In 2011, the Black Hawk County sheriff reported that 60 percent of the inmates in his jail were mentally ill (Eastern Iowa News Now, Apr. 3, 2011) and in 2014, the Linn County sheriff reported that three-fourths of his jail population “is on some sort of psychotropic medication” at any given time (The Gazette, Mar. 4, 2014). Among the inmates of the state prisons, “more than 25 percent are diagnosed with serious mental illnesses, such as schizophrenia or bipolar disorder,” according to the director of the Iowa Department of Corrections (Des Moines Register, Feb. 25, 2014).

Most individuals with serious mental illness are not dangerous, most acts of violence are committed by individuals who are not mentally ill, and people with mental illness are more likely to be victims than perpetrators of violent acts. Nonetheless, individuals with the most severe psychiatric diseases are at heightened risk for violent behavior when untreated for their symptoms, especially psychosis with paranoia or “command hallucinations.”

A rare but overlooked consequence of untreated serious mental illness is the impact of violence on families. TAC estimates that 29% of family homicides and 7% of all homicides are associated with untreated serious mental illness. In 2013, such fatalities outstripped the number of deaths attributed to meningitis, kidney infection or Hodgkin’s disease.

Homelessness is another unintended consequence of the hospital bed shortage. With the limited supply of psychiatric beds shrinking virtually every year, access to treatment for severe mental illnesses such as schizophrenia and bipolar disorder leaves increasing numbers of people who require intensive services to remain unstable and experience negative consequences, homelessness among them.

A 2015 US Housing and Urban Development survey based on a one-night count of people sleeping on the streets estimated that 564,708 people in the United States were homeless (436,921 of them adults). Of these, 104,083 (24%) were identified as severely mentally ill. Given the inherent challenges of counting a homeless population, it is reasonable to assume all the federal census numbers are significantly understated; thus, the continued assumption that 30% of the homeless have a serious mental illness.

I’ve touched on a number of complex, societal problems, each with their own set of solutions. However, there is one solution that each of these problems has in common and that is the need to increase the psychiatric bed supply.

As a family member myself who has had to call the police to have my son transported to the hospital, waited in the ED for hours on end until a hospital bed could be located, and visited my son in jail and homeless shelters, I can tell you these problems are real. They effect large and small cities, towns and villages, and farming communities across the nation.

I know you are hearing from a number of groups with business interests on the question of whether to build another psychiatric hospital in Iowa, and they have important information to share that you must weigh carefully. I urge you to give equal weight to information you receive from the groups who represent the families, law enforcement and others who serve on the front lines of what is quickly becoming a national health crisis, because they are the ones who will live with the consequences if you get the answer wrong.