

Mental health patients flooding local ERs

As state cuts psychiatric beds, patients have nowhere to go

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BOSTON —

So many people seeking psychiatric help flooded Quincy Medical Center's emergency room recently, 20 beds had to be set up in a nearby conference room to handle the surge.

The hospital had nowhere to send the patients, and no room in its emergency department or on other floors. So they stayed there awaiting placement.

It's called boarding, and it happens at hospitals throughout the state. It's a big issue at local emergency rooms dealing with a growing mental health problem: There's a shortage of inpatient psychiatric beds in Massachusetts, and no beds on the South Shore.

"We are stockpiling patients awaiting proper placement and follow-up care," said state Sen. John Keenan, D-Quincy, who has been involved with the issue. "It's not even treatment. We are just holding them."

Mental health experts say the situation has been getting more serious, but they had never seen it as bad as it was Presidents Day weekend.

Spokeswomen for South Shore Hospital in Weymouth and Quincy Medical Center said the emergency rooms experienced an unexplained surge of mental health patients that weekend.

South Shore Hospital, which does not have a psychiatric unit, was able to provide beds in its emergency department and admitted some to its floors, said spokeswoman Sarah Darcy.

The surge was worse in Quincy, where hospital officials had to convert a conference room on the Tuesday after the long weekend to handle incoming patients.

"Quincy Medical Center took quick and decisive action in implementing a temporary medical staging area outside our Emergency Department to effectively manage the continued arrival of new psychiatric patients," spokeswoman Sandra McGunigle said.

Harry Shulman, president of South Shore Mental Health in Quincy, said his team worked to find beds for 17 patients from Quincy Medical Center that day. He describes the situation as "classic supply and demand."

“That was a high point,” Shulman said. “It is not unusual for us to go there on a Monday and have 10 or 12 patients who are remaining in the emergency department waiting for a bed to free up.”

Two years ago, the hospital could have sent patients to Quincy Mental Health Center, a state-run facility with 16 psychiatric beds that was forced to close in October 2009.

The Patrick administration’s reasons for shutting it down were twofold: to help close a \$13 million budget shortfall and to follow the state Department of Mental Health’s “Community First” plan, which emphasizes treating people with psychiatric illness in communities – group homes, for example – rather than in state hospitals.

Mental health experts say that’s the right direction, but they point to problems in the system. They say there are not enough community resources or state funding to properly move people out of state hospitals and treatment centers.

“There’s not enough money in the community-based system to really provide the level of care,” said Shulman.

Vic DiGravio, president of the Association for Behavioral Healthcare, said Medicaid reimbursement rates are taking a big toll on local nonprofits that provide outpatient mental health services.

Those services are key to the community-based system, DiGravio said, but the reimbursement rates “don’t come close” to covering the services, so providers are losing money and even scaling back.

Keenan, who chairs the Legislature’s Joint Committee on Mental Health and Substance Abuse, said his first priority is fighting proposed budget cuts that would make the situation even worse.

The state Department of Mental Health has lost \$85 million in funding through budget cuts since 2009. Patrick has proposed cutting \$21.4 million more.

That cut would affect adolescent and adult mental health services, such as outpatient care, by \$5 million and deduct the rest from the account for inpatient beds, eliminating another 160 beds statewide.

DiGravio called Patrick’s budget plan “a recipe for disaster.”

Keenan said he has urged his legislative colleagues to make mental health funding a budget priority. He has also asked that any money cut from inpatient beds be diverted to fund more community-based support programs.

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