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***Yesterday's [Concord Monitor](#) page one story – "Mentally Ill Patients Must Wait," about NH Hospital being unable to accept all emergency cases – is the most viewed story on the paper's website. And no wonder: it is remarkable and sobering news to learn that there is now a waitlist for emergency admissions to the state hospital. The downshifting of these services is already being felt in hospital emergency rooms, in county jails, and by local police departments. As the superintendent of the Merrimack County Jail succinctly puts it, "... it's a numbers issue, and the numbers aren't working out."***

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## **Mentally Ill Patients Must Wait**

**By Annmarie Timmins**

**The Concord Monitor - 06/20/2010**

State hospital doesn't have space to meet need

Budget cuts have forced the New Hampshire Hospital to begin deferring emergency admissions for mentally ill patients in crisis, forcing local hospitals and even jails to house these sometimes-volatile patients for hours or days until a state hospital bed is available.

One patient recently spent more than three days in Concord Hospital's emergency room awaiting a state hospital bed, Dr. Michael Lynch said. A patient doing the same in Franklin's emergency room had to be relocated to the Merrimack County jail - not because he'd been charged criminally but because he'd become disruptive, jail Superintendent Ron White said.

Explosive behavior is not uncommon with this population, mental health care providers said last week. These are patients who are refusing treatment even though the police or their counselors believe they need immediate mental health care for their safety or the safety of others. Their state hospital admission, when it happens, is an "involuntary emergency" admission.

"I worry," said Louis Josephson, chief executive officer of Riverbend Community Mental Health. "I've heard people say, 'Maybe we have to get to a tipping point or that bad things have to happen before the Legislature wakes up and says this is unacceptable.' But I don't want to see that happen. I don't want to see anyone get hurt. That is not a strategy for me."

The medical staff at the state hospital is also distressed about the situation, said Paula Mattis, acting chief executive officer for the New Hampshire Hospital.

The hospital once had 200 beds for these emergency patients but now has 150, she said, because of cuts to the agency's budget. And in coming weeks, the hospital will lose 12 more beds when it closes its child treatment building and moves those patients elsewhere in the hospital.

"This is the first time I've seen anything like this, and I've been working in behavioral health in this state for 22 years," Mattis said.

It used to take three to six hours to complete an involuntary admission to the state hospital, and there wasn't a waiting list, Josephson said. Now, it's not uncommon for someone to wait in an emergency room for 24 hours, all the time needing close supervision. And now there is a waiting list.

Mattis said Friday that seven people were on it, even though deferrals began just last week. Someone has to be discharged from the hospital for someone else to be admitted, and the average length of a stay is seven days, Mattis said. This crisis, she said, is not going to speed up discharges or alter patients' treatment plans.

"Our job is serving people, and we take a lot of pride in that," Mattis said. "Many of us have dedicated our lives to helping people who have mental health issues. It's hard to think that some people may not be getting the help they need."

A person can be referred for an emergency involuntary admission for a number of reasons: They've become dangerous, they have violated their conditional release from prison or a family member fears they've become seriously unstable.

Only two hospitals in the state take people refusing treatment: the state hospital in Concord and Elliot Hospital in Manchester, although it has limited space, said Kathy Bizarro, executive vice president of the New Hampshire Hospital Association.

That means every community across the state is feeling pinched by the bed shortage.

"We have already heard about the implications," Bizarro said. "These are patients in acute need, and (the community hospital staffs) are concerned about the lack of access to beds."

It's worse in Concord because Concord refers more patients to the state hospital than any other community, Mattis said.

The Concord police transport most of those patients, and between May 2009 and May 2010, the department transported 472 people to the state hospital, according to Deputy Police Chief John Duval. Those patients go first to Concord Hospital to be evaluated by Riverbend staff and cleared medically by the hospital's medical staff.

Next, Riverbend staff arrange for the patients to be transported to the state hospital. In a June 8 letter to the state's hospitals, Mattis instructed mental health providers to call the state hospital before preparing a patient for transfer to see if and when a bed will be available.

"We are experiencing a capacity crisis," Mattis wrote in the letter. "While the scope and duration of this challenge is unknown, it is not likely to end any time soon." She wrote it was now "critical" for local hospitals and mental health care providers to find other emergency plans when all the state hospital beds are full.

That proposition has hospital staff, Riverbend and jail officials, and the Concord police department concerned. There is no other place that provides the security and care of the state hospital, they said.

"This is a huge burden on emergency room staff and on my staff," said Josephson of Riverbend. A mental health patient headed to the state hospital needs constant supervision, meaning hospital security and Riverbend staff are spending longer with each patient. And June, typically a slower month for mental health admissions, has been busy, Mattis said.

That means more patients are coming to the emergency room in crisis, and that they are staying longer once when check in.

Concord Hospital was seeing about one mental health patient a day. Now, three to four are arriving at the emergency room, Mahoney said. Those patients used to wait seven hours for admission to the state hospital. Now, they wait more than 24 hours, Mahoney said.

Lynch said it won't take long for the slowdown to seriously jam the hospital's emergency room.

"I don't want to give the impression that they aren't working really hard at the state hospital, because they are," Lynch said. "There is no question that cuts in the state funding are being pushed back to the community. It's a serious issue long term."

There are also security issues, he said.

Mixing behavioral health patients and patients visiting the emergency room for broken bones or accident injuries can be dangerous, he said. A Concord Hospital security officer was recently assaulted by a mental health patient from Pittsfield waiting for a state hospital admission, said White, of the county jail.

Hospital security charged the man with assault and moved him to the jail. That's transferring the problem, not solving it, White said. Like the hospital, the jail is not set up to house and treat patients in crisis and suffering with severe mental health issues.

"I think we are all trying very hard to work together," White said. "But unfortunately it's a numbers issue, and the numbers aren't working out."

Duval, of the police department, wonders when this problem will spread beyond the emergency rooms and jails. What happens, he asked, when a mentally ill person is stuck in a "holding pattern" and unable to get help?

A person with a mental health crisis who acts out by harassing someone or causing a public disturbance is often treated as a patient, not a criminal, and brought to the hospital instead of jail. "What if they can't get a bed?" Duval asked. "We may have no other choice but to deal with it" as a criminal matter, "and they may end up in jail."