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ERs are becoming costly destinations for mentally disturbed patients

Budget cuts are creating added safety risks at hospitals and placing a burden on already crowded emergency rooms.



Brian Johnston, director of emergency services at White Memorial Medical Center, says the budget constrains that force hospitals to care for uninsured psychiatric patients is not only a public safety issue but also a public health and humanitarian issue. (Allen J. Schaben / Los Angeles Times / April 24, 2008)

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By Anna Gorman, Los Angeles Times
September 5, 2011 | 8:22 p.m.

A man hearing voices walked into the emergency room of downtown's California Hospital Medical Center on a recent night and said he wanted to hurt somebody. Doctors gave him medication, put him in a hospital bed and called the Los Angeles County Mental Health Department.

A mental health worker placed the patient — who had a history of schizophrenia — on a psychiatric hold. But despite multiple attempts to find somewhere to treat him, he spent 3 1/2 days in the emergency room.

With a sharp decrease in psychiatric beds and with mental health staffs spread thin across the state, emergency rooms

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increasingly have become costly and ineffective baby-sitting services for mentally disturbed patients in crisis.

The economic downturn and budget cuts are exacerbating a chronic problem, creating added safety risks at hospitals and placing a burden on already crowded emergency rooms. Meanwhile, hospitals are increasingly facing a dilemma: They can't find proper facilities to care for the patients yet can't release them to the streets.

"We are inundated with these patients," said Marc Futernick, California Hospital's director of emergency services. "The design of the system is that everyone gets taken care of in a timely fashion. The system is broken."

That breakdown can be costly. Hospitals get stuck caring for uninsured psychiatric patients; the public has fewer emergency room beds available; and the mentally ill often do not get the therapy and medication they need.

"It's a public safety, a public health and a humanitarian issue," said Brian Johnston, director of emergency services at White Memorial Medical Center. "This has been going on for years, but it has become more acute because there are even fewer beds and even fewer dollars."

California has roughly 6,500 acute in-patient psychiatric beds, down from 8,500 in 1996, according to the California Hospital Assn. And between 2009 and 2011, the state cut funding for services for the mentally ill by 16%, or nearly \$587 million, according to the National Alliance on Mental Illness.

"There has been a wholesale reduction across the state for crisis services for individuals with mental illness," said Sheree Kruckenberg, vice president of behavioral health at the California Hospital Assn. "The default in many communities is the only 24/7 provider, an emergency room."

In Los Angeles, uninsured psychiatric patients walk into emergency rooms or arrive by ambulance or police car. If the hospital doesn't have psychiatric services — and most don't — a doctor will ask the county mental health department to dispatch an evaluation team. Patients who are a danger to themselves or others, or are gravely disabled, may then be placed on a 72-hour holds. When the process works smoothly, the patients are then transferred to psychiatric facilities for treatment.

But in many cases, that doesn't happen. The evaluation teams sometimes take more than 24 hours to respond, doctors say, exceeding hospitals' legal authority to hold psychiatric patients. Even when teams show up and place a hold on the patient, there often isn't space at psychiatric facilities, and the patient remains stranded in an emergency room until the hold expires, officials say.

A recent change in L.A. County mental health procedures could make the emergency room logjam even worse, according to hospitals and emergency physicians.

As of Aug. 1, county psychiatric evaluation teams are responding to emergency rooms only when they are not needed on what are considered more urgent calls — to homes, schools or in the community. Kathleen Piche, spokeswoman for the county's mental health department, said the agency is adding staff but that the number of calls has increased and has stretched those resources.

"We are responding to emergency rooms as resources allow, but our highest priority are field calls," Piche said.

The department originally planned to stop sending the teams to emergency rooms altogether but backed down when hospitals protested. Legally, the county is not required to send evaluation teams to hospitals, Piche said, and hospitals should rely less on the county and hire their own psychiatrists.



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They also could contract with private facilities to get uninsured patients evaluated and transferred, she said.

But emergency room physicians disagree. The county has a financial and ethical responsibility to evaluate and care for uninsured mentally ill patients, Futernick said. "They are shirking their responsibility for patients who are in dire need of acute psychiatric treatment," he said.

For California Hospital, where 85% of the patients are uninsured or on Medi-Cal, contracts with private psychiatric facilities would be prohibitively expensive — at least \$7 million annually, Futernick said. And often they don't take uninsured patients.

In the case of the man hearing voices, a county mental health worker arrived within 24 hours to place a hold but didn't find a bed for him, Futernick said. Hospital administrators also made their own effort to find a psychiatric facility for the uninsured patient but were not successful, he said.

Wally Ghurabi, medical director of the emergency center at Santa Monica UCLA Medical Center, said he faces a dilemma: He can't violate the law by keeping patients longer than 24 hours but he also can't morally release dangerous patients back into the community. The mentally ill patients are a "burden on all ERs in L.A.," Ghurabi said. They "occupy a bed that could be utilized by your mother or my sister when they have a heart attack."

Keeping uninsured psychiatric patients in the ER is also expensive: in addition to the bed and the nursing care, hospitals often pay sitters to make sure the patients don't leave.

Using technology to do assessments remotely could ease the burden on county evaluation teams, said Jaime Garcia, regional vice president of the Hospital Assn. of Southern California. But the real solution is more funding and more beds for mentally ill patients, doctors say.

There are 170 county-owned psychiatric beds and nearly 2,000 private beds in Los Angeles County, but they are often filled, according to the mental health department.

Beyond the resource issue, emergency rooms simply aren't equipped to handle patients with schizophrenia, bipolar disorder and other mental illnesses, said Randall Hagar, director of government affairs for the California Psychiatric Assn.

"People with a mental illness really need a calm, quiet atmosphere when they are in crisis," he said. "Instead ... they are put in places that were not designed to address the needs of people with mental illness."

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Navydad at 9:34 AM September 06, 2011

Welcome to Republicare.

JeanClelland-Morin at 11:54 PM September 05, 2011

It's amazing (I'm no longer amazed) at the vitriol and name-calling that comes up on almost any subject. / Does anyone remember the film, A Beautiful Mind? It was romanticized, of course, but there was an important message: Rather than find a niche for those who are "different", we want to control them, isolate them, incarcerate and drug them. We fear those who dare step outside that small box of accepted, social comportment. We fear to step out. / My father was manager of the state mental hospital in Arizona (umpteens years ago) and what I saw disgusted me. Society's image of mental illness desperately needs enlightenment. // Jean Clelland-Morin

Legal Only at 11:19 PM September 05, 2011

JacobBowen..I deal with the mentally ill on a daily basis. It is what it is. Your an idiot for not understanding what is happening with this population. Our tax money is being WASTED on people who are just playing the system. I would say less than HALF of the ones claiming to be mentally ill are really very sick.....Wake up....maybe YOU go read a book and you might learn something. All they have to do is pretend they are crazy and run to the ER and get put into a psych unit a few times..then they can run to the social security office with a doctors note in hand and claim mental illness and get SSI benefits and SSDI...Its very simple. If I am ever  will do the same thing. Beats working I guess for the homeless drug addicts. These people TELL ME how they do this..Its fraud at its finest. LESS THAN HALF are really truly mentally ill...THOSE are the ones our psychiatric beds should be used for...THE very sick who can not care for themselves and are really hearing voices and having suicidal or homicidal thoughts. It just does not work that way in the real world. GET A CLUE....

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A Tribune Newspaper website

The publicity given to critical incidents involving mentally disturbed people might lead the public to believe that a high proportion of people with mental illness commit crimes, but this is not the case. Nevertheless, people with mental illness comprise a disproportionate number of the people who are arrested, who come before the courts and who are imprisoned. 13.4 In most jurisdictions, criminal legislation and other relevant acts, such as bail and sentencing acts, interact with mental health services through the operation of mental health acts. "We have placed more than 300,000 severely mentally ill individuals in prisons and jails that are neither equipped nor staffed to handle such problems," the report stated. "We subsequently have made it very difficult to treat the mentally ill inmates, put restriction on other options for controlling their behavior, and then blamed the prison and jail administrators when they fail." Another recent study found that housing mental health patients in jails is not cheaper than funding hospitals, as many states have insisted. Giving adequate psychiatric mental health care saves money over time and keeps patients out of jail, according to researchers from North Carolina State University and the University of South Florida. Patients who received the condition described as heart failure believed that the illness would have more serious consequences for their life, that it would last longer and people were more anxious and depressed than those who received the condition described using the euphemism. Doctors are encouraged to be open with their patients and to respect them. The choice of language, therefore, presents a dilemma for doctors. The term "heart failure" may be a sign of openness but, on the other hand, may evoke a more negative response from the patient. In contrast, a euphemism may be less open but more "The extent to which ERs are now flooded with patients with mental illness is unprecedented," said Dr. David R. Rubinow, chairman of the Department of Psychiatry at the School of Medicine at University of North Carolina, Chapel Hill. And this overflow is "having a really destructive effect on health care delivery in general," he added. "There are ERs now that are repeatedly on diversion -- which means they can't see any more patients -- because there are so many patients with mental illness or behavioral problems that are populating the ER." A 2017 government