Statement of

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Chair, Advocacy Advisory Council, Emergency Nurses Association;
and
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On behalf of the
Emergency Nurses Association (ENA)

Before the

Senate Committee on Health, Education,
Labor, and Pensions

Hearing on

"Improving the Federal Response to Challenges
in Mental Health Care in America"

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I. Introduction

Chairman Alexander, Ranking Member Murray, members of the Committee, thank you for inviting me to testify at this important hearing. My name is Penny Blake and I am an emergency nurse working full-time in the emergency department at Good Samaritan Medical Center, an acute care community hospital in West Palm Beach, Florida.

In addition to my work in the emergency department, I am the Chairperson of the Advocacy Advisory Council for the Emergency Nurses Association (ENA), the largest professional health care organization dedicated to improving emergency nursing care. ENA has 41,000 members throughout the United States and around the world. I am also the Government Affairs Chair for the Florida Emergency Nurses Association and past president of the Palm Beach County chapter of ENA.

II. The Challenges Confronting Emergency Departments in Caring for the Mentally Ill

I have been a registered nurse for almost 40 years. The majority of that time has been at the bedside in critical care and, for the past 18 years, in the emergency department. My entire career has been devoted to providing the best possible care to every person who comes into my hospital's emergency department. Increasingly, this involves treating patients who are suffering from severe mental illnesses and substance abuse.

The emergency department at Good Samaritan Medical Center has a capacity of 32 actual beds, which can be expanded by utilizing the halls and walls when necessary. It serves a very diverse community that includes extreme poverty and homelessness, as well as some of the wealthiest neighborhoods in the entire country.

Our patient mix varies depending on the time of day or the day of the week. Since federal law prohibits hospitals from turning away anyone seeking emergency care, I see practically every kind of urgent medical condition imaginable. However, on a typical shift, at least 10 percent of our cases involve psychiatric patients. This percentage has grown tremendously in the past several decades.

There are multiple reasons for the surge in mental health patients coming to hospital emergency departments. These include an increase in drug abuse, the large number of veterans returning from Iraq and Afghanistan who suffer from PTSD, and the stresses created by a weak economy and joblessness.

However, in my view, the principal cause is the lack of adequate treatment options and resources in the community. Mental health patients often find they have nowhere to turn for treatment, so they go to the one place – emergency departments - guaranteed to be open at all times and willing to care for every patient.

In my hospital, the shortfall in community mental health resources often leads to the boarding of psychiatric patients in the emergency department.

In Florida, a physician or law enforcement officer can invoke the Baker Act, which is a state law that allows for the involuntary hold for up to 72 hours for a person who is deemed to be a threat to themselves or others.

At Good Samaritan, after a hold is put on a patient, the ED physician must clear the patient of any physical illness. The patient is then placed in a 10 x 10 room until we can find a facility that can accept the patient for evaluation by a psychiatrist to determine if continued inpatient treatment is warranted.

My hospital does not have psychiatrists on staff, nor do we have a psychiatric unit. Therefore, all patients requiring inpatient care must be transferred to one of the four psychiatric facilities in Palm Beach County. I cannot think of a single time in the past year that any of our patients has been accepted immediately when the request has been made.

The typical length of time that a mentally ill patient stays in our ED before they are transferred to a Baker Act facility is between 12 and 24 hours. However, two, three or even four days boarding in the emergency department is not unusual. Based on conversations I have had with colleagues, this is also the case in other hospitals throughout the Palm Beach County area.

Last year, I visited the ED at a hospital in the southern part of the county. They had 14 patients lined up on stretchers in one of their hallway wings, all awaiting placement in inpatient psychiatric facilities. I was told that was a typical day for them. This problem is made worse by the lack of insurance coverage for people who suffer from mental illness.

My personal observations are consistent with research conducted by ENA that found the average boarding time in the emergency department for psychiatric patients is 18 hours versus only four hours for all patients in the ED.

Inadequate community mental health services and extended boarding times are detrimental both for emergency departments and the care received by mental health patients.

For hospital EDs, mental health patients are both resource- and personnel-intensive. Not only do these patients stay in the emergency department much longer than other patients, but they often require close supervision by multiple staff and, if available, personalized medical attention. By necessity, this diverts nurses, doctors and technicians from the treatment of other patients.

When a psychiatric patient who is in our emergency department is deemed to require invocation of the Baker Act, we have a certain protocol we must follow to ensure that patient's safety. The patient is assigned to a closed room, their personal belongings are removed, they are given a gown and slipper socks, and a security guard is placed outside their door, within sight of the patient. We do not have designated rooms for psychiatric patients, so we must attempt to modify the room they are in to prevent access to articles that might be used to harm themselves or others.

The nurse who is assigned to that pod of rooms assumes the care for that patient, along with the other four or five patients who are also in that pod. None of the RN's with whom I work has received any in-depth specialized education in the care of the mentally ill. We all may have had some courses during our nursing education, but for many of us, that was a long time ago.

For patients experiencing a mental health crisis, the emergency department is far from the ideal place to receive care. By their nature, EDs are chaotic, often loud areas of the hospital where nurses and physicians are regularly stretched to their limits taking care of everything from traumatic injuries to heart attacks.

In addition, specialists in psychiatric care are not always available to see patients in the emergency department. As I discussed earlier, this is the case in the hospital where I work.

Further, our emergency physicians are understandably reluctant to prescribe psychoactive medications for these patients, as it is not their area of expertise. This usually translates into the patient being medicated with some form of anti-anxiety agent, if needed, and then kept in the room on a stretcher, only being allowed accompanied trips to the bathroom. They receive a blanket, a pillow, a TV with remote control and meals. The assigned nurse assesses their vital signs and functions every four hours or more often as indicated. They do not begin therapeutic intervention as there is no one present with professional training to begin a therapeutic dialogue.

Imagine being someone who is already stressed, anxious, possibly suicidal and/or psychotic, and perhaps having auditory or visual hallucinations. Then, you are confined to a small space, all your belongings are removed so you cannot hurt yourself, a guard is at your door, the lights are on outside the room all the time, and there is constant chaos, noise and motion. Further, imagine that because of the shortage of inpatient beds or community-based treatment options, this situation continues for many hours or even days.

Although we do everything possible to care for all patients in a professional and compassionate manner, mental health patients would be better served in facilities that have the specialized expertise to handle the complex diagnosis and treatment of mental illness.

In rare cases, the boarding of mental health patients and the subsequent overcrowding can also lead to violence in the ED. Although the vast majority of behavioral health patients are no more violent than other patients, there is no doubt that lack of treatment can exacerbate a stressful situation for these patients.

III. How to Improve Patient Care

Our mental health patients and their families deserve better care than we currently give them. I did an informal poll of my colleagues across the country on what they believe are the most important needs for the behavioral health patients we see in our EDs. Their views exactly reflected mine.

These patients need access to the most appropriate facility for the problem they are having. In most cases, that facility should not be the local emergency department.

Individuals with psychiatric and substance abuse conditions should receive prioritization, resources, and treatment based upon clinical presentation that is equivalent to that provided for other illnesses and injuries.

Individuals with psychiatric and substance abuse conditions must be provided parity with regard to third-party reimbursement.

Emergency psychiatric services need to utilize a consistent practice model, including standardized procedures and protocols, for patient care regardless of facility, day of the week, or time of day.

Most importantly, communities must have the health care infrastructure and funding to provide the resources needed to keep this population healthy. These resources should include all related services. A high-quality, community-based mental health system would include acute and longer-term care, access to community mental health clinics, inpatient and outpatient treatment, the availability of 24-hour crisis psychiatric care and services that would allow for integrating the patient more fully into society.

Any program should also promote collaboration and communication between emergency departments and their respective community agencies to effectively coordinate the care of patients with psychiatric and substance abuse conditions.

IV. Conclusion

Thank you for allowing me the opportunity to represent and speak for my fellow emergency nurses. We passionately care about providing the best possible care to ALL of our patients, and strive for them to have the best outcomes possible for their illnesses. This includes those who are among the most vulnerable in our society – the person suffering from a mental illness.